FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080884 (6)

BRAHAMS OF DEL MAR, INC.

Principal Place of Business Mailing Address								····				
7126 BERACASA WAY 7126 BERACASA WAY												
BAY 49	SU ALUI			BAY 49								
BOCA RATON	FL 33433			BOCA RATON F	L 33433-344	1 8						
									3. Date Incorporated or Qualific	ed 31	a. Date of Last	
								•	10/20/1995		03/07/1996	;
2. Principal Pi	lace of Busin	ness	2	2a. Mailing Address					4. FEI Number		1	Applied For
21				26					65-0615306		1	Vot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22		27	27					6. Certificate of Status Desired		Fee F	Required	
City & State	9			City & Stato					6. Election Campaign Financing	7	\$5.00	May Be
23			28	28					Trust Fund Contribution		Added	to Fees
Zip Country				Zip Country			У		8. This corporation has liability	terijitan	gible tax under	s. 199.032,
24	25			29 30					Florida Statutes Yes No			
g. Name and Address of Current Registered Agent							10. Name and Address of New Registe				ered Agent	
	nberg, st					81		Name				
7126 BERACASA WAY								Street Address (P.O. Box Number is Not Acceptable				
BAY 49												
BOC	CA RATON	FL 33433				83	3		· · · · · · · · · · · · · · · · · · ·			
						84	+	City			ag 7:s	o Code
						67	' '	City			FL 85 Zip	o Code
11, Pursuant t	to the provisi	ions of Sections 6	07.0502 and	607.1508, Flor	ida Statute	s, the abov	/e-r	named corpo	ration submits this statement for the ration submits this statement for the rations. I hereby ac	ne purpo	ose of changing	its registered
office or re	egistered ag m familiar wi	ient, or both, in the th, and accept the	State of Flo obligations	orida. Such cha of Section 607	nge was au ' 0505 - Flor	ithorized b ida Statute	oy ti es	he corporatio	on's board of directors. I hereby ac	cept the	e appointment a	is registered
Ť				.,	,							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE F							jent	signature required	s when re-nstating)	O.	ATE	
12.		OFFICE	RS AND DIR			13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIRECTO	ORS IN 12
TITLE	PD				ELETE.	1.1 TITLE					☐ Change	Addition
NAME		M, JOYCE				1.2 NAME						
STREET ADDRESS		racasa way,				1.3 STREE	1 AE	DDRESS				
CITY-ST-ZIP	BOCA RA	ATON FL 33433				1.4 CITY-	S1-	ZIP	<u> </u>			
TITLE	8				ELETE	2.1 TITLE					Change	Addition
NAME		T, JAMES				2.2 NAME						
STREET ADDRESS		racasa way, i				2 3 STREE	T AC	DDRESS				
CITY-ST-ZIP	BOCA RA	ATON FL 33433					2. 4 CITY - ST - ZIP					
TITLE				1	ELETE	3.1 TITLE					☐ Change	Addition
NAME	•					3.2 NAME						
STREET ADDRESS						3.3 STREE	I AI	DORESS				
CITY-ST-ZIP						3.4 CITY	-51-	- 21P				
TITLE					ELETE	4.1 TITLE					☐ Change	Addition
NAME						4. 2 NAME	[
STREET ADDRESS						43 STREE	TAL	ODRESS (
CITY-ST-ZIP						4.4 CITY-						
TITLE] [ELETE	5.1 TITLE				· · · · · · · · ·	☐ Change	Addition
NAME						5.2 NAME					_ •	
STREET ADDRESS						5.3 STREE		DDRESS				
CITY-ST-ZIP						5.4 CITY -		ì				
TITLE			· · · · · <u> </u>	П	ELETE	6.1 "ITLE	۰۰۱۳				☐ Change	Addition
NAME						6.2 NAME						
STREET ADDRESS								ODDECC				
DIRECT AUDITEDS						6.3 STHEE	: AU	ALMEDO				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.