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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000097394 (7)

BRUNO TASK FORCE AGENCY CORP.

Mailing Address 407 LINCOLN RD P.O. BOX 4560 MIAMI BEACH FL 33141 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0629903 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 В3 R4 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typod or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Mero Devo DELETE TITLE 1.1 THUE Change Addition ROMERO, BRUNO E NAME 1.2 NAME 235 LINCOLN ROAD, SUITE 205 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CHTY - \$1 - ZIP VID DELETE Change TITLE Addition 2.1 TITLE ROMERO, RHINA E NAME 2.2 NAME Rd 235 LINCOLN ROAD. SUITE 205 407 LINCOLN STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 FC 3<u>3139</u> CITY-ST-ZIP 2. 4 CITY-ST-ZIP 1210mi DELETE **X** Change TITLE 3.1 TITLE Addition ROMERO, EDUARDO NAME 3.2 NAME Duelo Edyardo 235 LINCOLN ROAD, SUITE 205 STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 3.4. CITY-ST-ZIP DILETE Addition TITLE Change 4.1 TITLE ROMERO, RHINA E NAME 4.2 NAME 235 LINCOLN RD., SUITE 205 STREET ADDRESS 4 3 STREET ADDRESS MIAMI BEACH FL CITY+ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

Indicated on this annual roport 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer of an attachment with an address

6.3 STREET ADDRESS

14. Thereby 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

FILED

May 04 1998 8:00am

Secretary of State