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May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004066 (2)

1. Corporation Name

BRIE ENTERPRISES, INC.



Principal Place of Business

875 N.E. 42ND STREET
OAKLAND PARK FL 33334

Mailing Address

875 N.E. 42ND STREET
OAKLAND PARK FL 33334-3124

3. Date Incorporated or Qualified

01/10/1996

3a. Date of Last Report

1/10/96

2. Principal Place of Business

21 875 N.E. 42nd STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

4. FEI Number

65-0637576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

City & State

23 OAKLAND PARK

City & State

28

Zip

Country

24 33334

25

USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GAFFI, JOHN
8841 SW 16 CT.
PEMBOKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GAFFI, JOHN
STREET ADDRESS 8841 SW 16 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE V
NAME GAFFI, SUHAIR
STREET ADDRESS 8841 SW 16 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME JOHN GAFFI
1.3 STREET ADDRESS 875 N.E. 42nd STREET
1.4 CITY-ST-ZIP OAKLAND PARK, FL 33334

2.1 TITLE V
2.2 NAME SUHAIR GAFFI
2.3 STREET ADDRESS 875 N.E. 42nd STREET
2.4 CITY-ST-ZIP OAKLAND PARK, FL 33334

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 empowered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)