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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000028227**

1. Corporation Name

BROKART 8 TESTIMONIO INC.

Principal Place of Business

Mailing Address

**801 SOUTH BAYSHORE DR.
SUITE 1869
MIAMI, FL. 33131**

3. Date Incorporated or Qualified

04/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 199 OCEAN LANE DR.

Suite, Apt. #, etc.

909

City & State

23 KEY BISCAYNE, FLORIDA

Zip

33149

Country

25 USA

2a. Mailing Address

26 199 OCEAN LANE DR.

Suite, Apt. #, etc.

909

City & State

28 KEY BISCAYNE, FLORIDA

Zip

33149

Country

30 USA

4. FEI Number

65-0655448

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

9. Name and Address of Current Registered Agent

**LOUIS ABRAMUNT
80 SW 8TH. ST. SUITE 2000
MIAMI, FL. 33130**

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 of typist or printer name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**D
AZNAR, ALBERTO L.
801 S. BAYSHORE DR. SUITE 1869
MIAMI, FL. 33131**

1.2 NAME ☐ DELETE

**D
GAMBIN, MARIA D.
801 S. BAYSHORE DR. SUITE 1869
MIAMI, FL. 33131**

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP ☐ DELETE

1.5 CITY-ST-ZIP ☐ DELETE

1.6 CITY-ST-ZIP ☐ DELETE

1.7 CITY-ST-ZIP ☐ DELETE

1.8 CITY-ST-ZIP ☐ DELETE

1.9 CITY-ST-ZIP ☐ DELETE

1.10 CITY-ST-ZIP ☐ DELETE

1.11 CITY-ST-ZIP ☐ DELETE

1.12 CITY-ST-ZIP ☐ DELETE

1.13 CITY-ST-ZIP ☐ DELETE

1.14 CITY-ST-ZIP ☐ DELETE

1.15 CITY-ST-ZIP ☐ DELETE

1.16 CITY-ST-ZIP ☐ DELETE

1.17 CITY-ST-ZIP ☐ DELETE

1.18 CITY-ST-ZIP ☐ DELETE

1.19 CITY-ST-ZIP ☐ DELETE

1.20 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS ☒ Change ☐ Addition

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ☒ Change ☐ Addition

2.3 STREET ADDRESS ☒ Change ☐ Addition

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

ALBERTO L. AZNAR

DIRECTOR

April 29, 1997 (605) 2613862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)