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

*PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

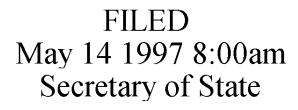
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036390 (8)

BRAHAMS OF DOWNTOWN MIAMI, INC.

Principal Place of Business							
8000 PETERS ROAD, SECOND FLOOR							

Mailing Address





PLANTATION FL 33324			9000 PETERS ROAD, SECOND FLOOR PLANTATION FL 33324-4030					
					3. Date Incorporated or Qualified 04/25/1996	3a. Date of Las	st Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For	
21		26	26		1 65−0663453 □ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·		5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country			liability for intengible tax under s. 199.032,		
24	25		30		Florida Statutes	Yes No	1 S. 150,00£,	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MENIORIO, CILICIA D				81 Name				
* 8000 PETERS ROAD, SECOND FLOOR PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
PLA	NIAHUN FL 33324		83	• • • • • • • • • • • • • • • • • • • •				
			84	City		₽ 85 Z	ip Code	
11 Purcuant	to the provisions of Coolings 607	OLOG and COT 1000 Florida Classic		l		FL °° ′		
office or re	egistered agent, or both, in the Si	ale of Florida. Such change was at	s, the abov uthorized by	v the corporati	oration submits this statement for the prior's board of directors. I horeby accep	rpose of changin the appointment	g its registered as registered	
agent rai	m rammar with, and accept the or	oligations of, Section 607.0505, Flor	rida Statute	3.				
SIGNATURE:	Signature, typed or printed name of registered	Lagent and little if applicable (NOT	Henistered Age	nt sonature require	ed when reinstating)	DATE	····	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	- Togrand regain	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	PD	☐ DELE1E	1.1 TOTLE			Chang		
NAME	ABRAHAM, JOYCE		1.2 NAME				,	
			1.3 STREE	ADDRES\$			İ	
CITY-ST-ZIP	PLANTATION FL 33324			51 - ZIP				
TITLE			21 TITLE			Chang	e Addition	
NAME	•		2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	2.		2. 4 CITY -	S1-716				
TITLE			3.1 TITLE			Chang	e Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS			1	
CITY-ST-ZIP			3.4 CITY-	S1 - ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	c Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T - 7)P				
TITLE		☐ DELETE	5.1 TITLE			Chang	e 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	AODRESS				
CITY+ST-ZIP			5.4 CHY-S	I - ZIP				
TITLE		☐ DFLFTE	61 TITLE			☐ Chang	e 🔲 Addition	
NAME			62 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S	T-ZIP				

I do hereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee 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.

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