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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000036390 (8)

BRAHAMS OF DOWNTOWN MIAMI, INC.

Principal Place of Business Mailing Address

FILED Mar 11 1998 8:00am Secretary of State



Fillipipal Flace of publicass Midning Address											
					000 PETERS ROAD, SECOND FLOOR LANTATION FL 33324			}			
					T CARTATION TE 05024				DO NOT WRITE IN THIS SPACE		
l									3. Date Incorporated or Qualified 04/25/1996		
2. Principal Place of Business 2a. Mailing Address							_		4. FEI Number Applied For		
						Dixie Highway			65-0663453 Not Applicable		
Suite, Apt.		 _		1	Suite, Apt. #, etc.	,	7	100	¢0.75		
22 27 City & State City					City & State	City & State			5. Certificate of Status Desired Li Fee Required		
23 Miami FL				28	28 Hollywood F				6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 3:	3/32	Σοι 25	untry USA	29	Zip / 33020	30	Country <i>U</i>	SA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent		
WEINBERG, STEVEN A 81 Name											
8000 PETERS ROAD, SECOND FLOOR								82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							02	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 require								required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS						13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD				DELETE		1.1 TITLE]	Change Addition		
NAME						1	1.2 NAME	!	•		
STREET ADDRESS 8000 PETERS ROAD, SECOND FLOOR					OR .	1	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PLANTA	TION F	L 33324				1.4 CITY - !	ST-ZIP			
TITLE					DELETE		2.1 TITLE		Change Addition		
NAME						_ [:	2.2 NAME	ĺ			
STREET ADDRESS							2.3 STREET	T ADDRESS			
CITY-ST-ZIP	 						2. 4 CITY-	ST-ZIP			
TITLE					☐ DELETE		3.1 TITLE		☐ Change ☐ Addition		
NAME						1:	3.2 NAME	1			
STREET ADDRESS							3.3 STREE	T ADDRESS			
CITY-ST-ZIP							3.4. CITY-	ST-ZIP			
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NAME							4. 2 NAME	- 1			
STREET ADDRESS								I ADDRESS			
CITY-ST-ZIP					Dri Ffr		4.4 CITY - S	ST-ZIP	D Change D 1422		
TITLE					L DELETE	- 1	5.1 TITLE		☐ Change ☐ Addition		
NAME							5.2 NAME				
STREET ADDRESS						- 1		ADDRESS			
CITY-ST-ZIP					DELETE		5.4 CITY - S	ST-ZIP	☐ Change ☐ Addition		
TITLE					L OELEIE		S.1 TITLE	1	□ cisula □ vacutou		
NAME							6.2 NAME	40000000			
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP	ortify that the	o inform	ation supplied :	uith thin £	ling does not qualify		S.4 CITY-S		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated of officer or c	on this annu tirector of th	al report e corpo	t or supplement ration or the rec	al annual eiver or t	report is true and ac	curate	and th	at my sigr	required by Chapter 607, Florida Statutes: I further certify that the minimator intermediate shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in		