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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthark

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600055315 (1)
BRAVO DEVELOPMENT, INC.

APPROVED AND FILED

97 AUG -7 AM 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 14 NORTHEAST 1ST AVENUE, UNIT 516 MIAMI FL 33132			Mailing Address 14 NORTHEAST 1ST AVENUE, UNIT 516 MIAMI FL 33132-2406			r 1994/991 (14 1914/ 97)))				
						3. Date Incorp 06/28/199	orated or Qualified	3a. D	Date of past	Report
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	~ ~	<u> </u>	A	Applied For
21		26				65-	07603	05	N	ot Applicable
Suite, Apt.	#, etc.	Suite. Ap				E Cortificato o	f Status Desired	П	\$8.75	Additional
22	· · · · · · · · · · · · · · · · · · ·	27	1106			b. Germicale o	o Status Desireu	<u>.</u>	Fee F	Required
City & State	e	City & St	afe			6. Election Car	mpalgn Financing	_		May Be
23		28				Trust Fund (to Fees
Zip	Country	Ζφ		ountry			ation has liability for			s. 199.032,
24	25 9. Name and Address of Curr	29	30	T~		Florida Statu	iles Address of New R		∐ No	
AME	RILAWYER CHARTERED	elit negistered Age	7111	81	Name .					
	ALMERIA AVENUE				l i	ED7	LAR		UE	
	ALMERIA AVERGE AL GABLES FL 33134			82	Street Addr	ess (P.O. Box Num	ber is Not Accepta	ble)	# 11	06
COM	ML GABLES FL 33134			83		t we	15T A	/ <u>C.</u>	11 11	
•				63		M				
•				84	City	Miami			85 Zip	Code
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office or n agent. I a	to the provisions of Section;607.0 egistered agent, or both, in the Sta m familiar with, and a count the obt	te of Florida Such o igan ins of, Section (change was authori: 607.0505, Florida S	zed by tatutes	the corporat	ion's board of direc	etors. I hereby acce	purpose c ept the app	pointment a	s registered
SIGNATURE	Mygan									
12,		igent and title if applicable ND DIRECTORS	(NOTE Hegiste		nt signature requir	ed when remetating)	HANGES TO OFF	DATE CEOS ANI	D DIDECTO	DC IN 12
TITLE	PD			I TITLE		ADDITIONS/C	MANGES TO OTT	CLNS AN	Change	Addition
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NAME	LARAQUE, EDY	L	-	NAME					ondinge	
STREET ADDRESS	14 NORTHEAST 1ST AVENUE	E. UNIT 516			ADDRESS	•				
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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.