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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061553 (9)

BROTHERS EXPORT & IMPORT, INC.

FILED Jan 31 1997 8:00am Secretary of State

7224 N.W. 31ST STREET MIAMI FL 33122 7224 N.W. 31ST STREET MIAMI FL 33122-1216 3. Date Incorporat 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 C 5 - 0 6 8 Suite, Apt. #, etc. 5. Certificate of Str 22 27 5. Certificate of Str City 8 State City 8 State 6. Election Campa Trust Fund Cont Zip Country 28 Trust Fund Cont 24 25 29 30 8. This corporation Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Add WLMC REGISTERED AGENTS, INC. 81 Name	Applied For Not Applicable atus Desired \$8.75 Additional Fee Required ign Financing \$5.00 May Be Added to Fees Added to Fees a has liability for intangible tax under s. 199.032,
MIAMI FL 33122 MIAMI FL 33122-1216	Applied For Not Applicable atus Desired \$8.75 Additional Fee Required ign Financing ribution \$5.00 May Be Added to Fees Added to Fees Added to Fees No
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For Not Applicable atus Desired \$8.75 Additional Fee Required ign Financing ribution \$5.00 May Be Added to Fees Added to Fees Added to Fees No
26	Added to Fees has liability for intangible tax under s. 199.032, Yes Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 1 No
Suite, Apt. #, etc. 22 City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Since Apt. #, etc. 6. Election Campa Trust Fund Cont Registered Agent B. This corporation Florida Statutes 9. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC.	stus Desired S.75 Additional Fee Required sign Financing ribution S.100 May Be Added to Fees that liability for intangible tax under s. 199.032, Yes No
22 27 5. Certificate of State City & State Trust Fund Confunction Country Country Country Country Country Country Country R. This corporation Florida Statutes 9. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC.	Fee Required ign Financing \$5.00 May Be ribution Added to Fees has liability for intangible tax under s. 199.032, Yes No
23	ribution Added to Fees thas liability for intangible tax under s. 199.032, Yes No
Zip Country Zip Country 8. This corporation 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC. 8. This corporation Florida Statutes 10. Name and Add WLMC REGISTERED AGENTS, INC.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Add WLMC REGISTERED AGENTS, INC.	
WLMC REGISTERED AGENTS, INC. B1 Name	ress of New Registered Agent
WIND REGISTERED AGENTS, INC.	
	· · · · · · · · · · · · · · · · · · ·
701 BRICKELL AVENUE SUITE 2000 82 Street Address (P.O. Box Number	is Not Acceptable)
MIAMI FL 33131 83	
84 City	FL 85 Zip Code
11. Persuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this str	atement 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	. I hereby accept the appointment as registered
CONTRACT.	
Signar are typed or profiled name of registered agent and tile diapplication (NOTE: Registered Agent signature required when reinstanting)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME DAHER, ALEXI C JR. 1.2 NAME	- Change - Addition
STREET ADDRESS 10275 N.W. 48TH STREET 1.3 STREET ADDRESS	
CHY-ST-ZIP MIAMI FL 33178 1.4 CHY-ST-ZIP	1
TILE L DELETE 21 TILE .	Change Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	•
CNY-ST-ZIF 2 4 CNY-ST-ZIP .	
TICLE 131 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	•
CHY-ST-ZIP 3.4. CHY-ST-ZIP	Observation of the state of the
TITLE L.J DELETE 4.1 TITLE	Change Addition
NAME 4 2 NAME	
STHEFT ADDRESS 4.3 STREET ADDRESS	
C-1Y - ST - ZIP	Change Addition
NAME 5.2 NAME	Sharige Li Masher
	4
CITY-ST-ZIP 5.4 CITY-ST-ZIP	.
THE DELETE 6.17ITLE	Change Addition
NAME 62 NAME	
STREET ACIONESS 63 STREET ADDRESS	
CITY-SI-ZIP 64 CITY-ST-ZIP	
14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have), Florida Statutes. I further certify that the

Date

Daytime Phone #