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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000061553

Mailing Address

MIAMI FL 33122

Principal Place of Business 7224 N.W. 313T STREET MIAMI FL 33122

BROTHERS TECHNOLOGY INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90033 027 \*\*\*150.00



|                                 |  |                                       |   |   | DO NOT-WRITE IN THIS SEA   | \CE         |              |  |
|---------------------------------|--|---------------------------------------|---|---|--|-------------|--------------|--|
| شخش <b>ی ت</b> نصیحین می        |  |                                       |   |   | 3. Date incorporated or Qualifed 07/23/1996  |             |              |  |
| 2. Principal Plac               | ce of Rusiness                                     | 2a. Mailing Address                   |   |   | 4. FEI Number  | TAD         | plied For    |  |
|                                 |  | ⊢ <u> </u>                            | 68 St   | root  | 65-0681647   |             | t Applicable |  |
| 211. 8.3.2.1.<br>Suite, Apt. #. | N.W. 68 Street                                     | 26 8321 N.W. 6<br>Suite, Apt. #, etc. | <u> </u>  | TEEL.   |  | 8.75 A      | dditional    |  |
| 22                              | , 510.   | 27                                    |   | 1   | 5. Certifcate of Status Desired  | Fee Re      | quired       |  |
| City & State                    |  | City & State                          |   |   | 6. Election Campaign Financing   | \$5.00      | May Be       |  |
| <b>_</b> _ ′                    |  | 28 Miami.                             | $_{ m FL}$  |   | Trust Fund Contribution  | Added to    | •            |  |
| 23 <u>Miami</u><br>Zip          | Country  | Zip                                   | Country   |   | 8. This corporation owes the current year Intangi  | ble         |              |  |
| 33166                           | <u>г</u> -¬  | 29 33166 3                            | 0 ប.ទ   | Δ.  |  |             | □No          |  |
| 24: 33180                       | 9. Name and Address of Curren                      |                                       | <del>-). U                                   </del> |   | 10. Name and Address of New Registered Age   | nt          |              |  |
|                                 |  |                                       | 81  | Name  |  |             |              |  |
| WLMC REGISTERED AGENTS, INC.    |  |                                       |   | 82 Street Address (P.O. Box Number is Not Acceptable) |  |             |              |  |
| 701 BRICKELL AVENUE             |  |                                       |   | Street A  | dress (P.O. Box Number is Not Acceptable)  |             |              |  |
| SUITE 2000                      |  |                                       |   | <del> </del> -  |  |             |              |  |
|                                 | II FL 33131  |                                       | 83  | <u> </u>  |  | <del></del> |              |  |
|                                 |  |                                       | 84  | City  | E    8   | 5 Zip C     | Code         |  |
|                                 | 007.050  | 2 4 007 4500 El-ida Ciatudas          | the obou  | nomed o   | orporation submits this statement for the purpose of cha   | naina its   | registered   |  |
| agent. I am                     | n familiar with, and accept the obligat            | ions of, Section 607.0505, Florid     | a Statutes  | i.  | ation's board of directors? I hereby accept the appointment  |             |              |  |
| SIGNATURE s                     | Ignature, typed or printed name of registered agen | t and title if applicable. (NOTE: Re  | egistered Age                                       | nt signature rec                                      | quired when reinstating) DATE  |             |              |  |
| 12.                             | OFFICERS AN  | D DIRECTORS                           | 13.   |   | ADDITIONS/CHANGES TO OFFICERS AND D  |             |              |  |
| TITLE                           | PSTD   | ☐ DELETE                              | 1.1 TITLE   | 1   | LX.  | Change      | ☐ Addition   |  |
| NAME                            | DAHER, ALEXI C JR.                                 |                                       | 1.2 NAME  | İ   |  |             |              |  |
| STREET ADDRESS                  |  |                                       | 1.3 STREE   | T ADDRESS   | 5050 N.W. 114 Court  |             |              |  |
| CITY-ST-ZIP                     | MIAMI FL 33178                                     |                                       | 1.4 CITY-S  | T-ZIP   | Miami, FL 33178  |             |              |  |
| TITLE                           |  | DELETE                                | 2.1 TITLE   | ļ   | ·  | ] Change    | ☐ Addition   |  |
| NAME                            |  |                                       | 2.2 NAME  |   |  |             |              |  |
| STREET ADORESS                  |  |                                       | 2.3 STREE   | TADDRESS  |  |             |              |  |
| CITY-ST-ZIP                     |  |                                       | 2.4 CITY-   | ST-ZIP  | _ <u>.</u> .   |             |              |  |
| TITLE                           |  | ☐ DELETE                              | 3.1 TITLE   |   |  | ] Change    | Addition     |  |
| NAME                            |  |                                       | 3.2 NAME  | ļ   | •  |             |              |  |
| STREET ADDRESS                  |  |                                       | 3.3 STRFE   | T ADDRESS   |  |             |              |  |
| CITY-ST-ZIP                     | •  |                                       | 3.4. CITY-5   |   |  |             |              |  |
| TITLE                           |  | DELETE                                | 4.1 TITLE   |   |  | Change      | Addition     |  |
| -NAME                           | اران پستاجتین ہے۔ اپنا                             |                                       | 4. 2 NAME   | - 1   |  |             |              |  |
| STREET ADDRESS                  |  |                                       | ^   | TADORESS  | The state of the s |             |              |  |
| CITY-ST-ZIP                     |  |                                       | 4.4 CITY-S  | 1   |  |             |              |  |
| TITLE                           | · · · · · · · · · · · · · · · · · · ·              | DELETE                                | 5.1 TITLE   |   |  | ] Change    | Addition     |  |
| NAME                            |  |                                       | 5.2 NAME  | }   |  |             |              |  |
|                                 |  |                                       |   | T ADDRESS   |  |             |              |  |
| STREET ADDRESS                  |  |                                       | 5.4 CITY-S  | J   |  |             |              |  |
| CITY-ST-ZIP                     |  | ☐ DELETE                              | 6.1 TITLE   |   |  | ] Change    | Addition     |  |
| TITLE                           |  | - Detelle                             | 62 NAME   | )   |  | ,           |              |  |
| NAME                            |  |                                       |   | TADDRESS  |  |             |              |  |
| STREET ADDRESS                  | West of the  |                                       | B   |   |  |             |              |  |
| CITY ST. 2ID                    | 50 C EEE 20 0                                      |                                       | 6.4 CITY-5  | i)-ZIP  |  |             |              |  |

14. I 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, with all other like empowered.

SIGNATURE: