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PROFIT CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business SE THRD AVE UITE 2130 BIAMAI FL 33131 BRAMAI FL 33131 BRAMAI P9600070421 (8) BRAMAI MOTORS, INC. BRAMAI P96000070421 (8) BRAMAI P9600070421 (8) BRAMAI P97000704 (8) BRAMAI P97000704 (8) BRAMAI P97000704 (8) BRAMAI P97000704 (8) BRAMAI PPF0000704 (8) BRAMAI PPF0000704 (8) BRAMAI PPF0000704 (8						***************************************		3. Date Incorporated or Qualified 3a. Date of Last Report				
									 Date Incorporated or Qualifie 08/22/1996 	38. Da	te of Las	st report
Principal Pl	lace of Busini	098	2a.	Mailing Add	dress				4. FEI Number			Applied For
Suite Apt.	di cobe		26	Suite, Apt.	# 610				65-0700829		607	Not Applicab
Suite Apr.	r. CIL.		27	aulie, Apr.	₩, etc.			į	5. Certificate of Status Desired	X		5 Additional Required
City & State	0			City & State	9				6. Election Campaign Financing	ļ		00 May Be
Žip	1	Country	28	Zip		Count	ry		Trust Fund Contribution 8. This corporation has liability f	or integralble		ed to Fees
- 1	}:	25	29	<i>p</i>		30	,	Ì	Florida Statutes	Yes [-	31 p. 193.002.,
		and Address of Curre	nt Regist	ered Ageni			1 Name		10. Name and Address of New	Registered /	Agent	
KRIEGER, STANLEY J 1 SE THIRD AVE SUITE 2130 MIAMI FL 33131						8	82 Street /		Address (P.O. Box Number is Not Acceptable)			
						7	41 0:-			FL	85 2	Zip Code
I. Pursuant I office of ri agent I al	to the provision registered age on familiar wit	ons of Sections 607.050 ont, or both, in the State h, and accept the oblig	02 and 60 e of Florid pations of,	7.1508, Flo a. Such cha Section 60	orida Statuti ange was a 17.0505, Flo	}	City ve-named by the cor es.	corpor poration	ration submits this statement for th n's board of directors. I hereby ac		changir ointment	ng its registere I as registered
GNATURE LE ME HEEL ADDRESS	D BRAMAN, 1 SE THIF	OFFICERS AN NORMAN RD AVE SUITE 2130	ent and the it	applicable TORS		es, the aborder of the state of	ve named by the cor es. gent signature	e required	ration submits this statement for the n's board of directors. I hereby act when reinstating: ADDITIONS/CHANGES TO OF PSIGENT	e purpose of cept the app DATE		TORS IN 12
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