


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

**FILED**  
**Mar 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000070421 (8)**  
 1. Corporation Name  
**BRAMAN MOTORS, INC.**



Principal Place of Business Mailing Address

**1 SE THIRD AVE SUITE 2130 MIAMI FL 33131**      **1 SE THIRD AVE SUITE 2130 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/22/1996**

4. FEI Number  
**65-0700829**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **2060 Biscayne Blvd.**

22 City & State 27 **2nd Floor**

23 Zip Country 28 **Miami, Florida**

24 Zip Country 29 **33137-5024 USA**

9. Name and Address of Current Registered Agent

**KRIEGER, STANLEY J**  
**1 SE THIRD AVE SUITE 2130 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **STANLEY J. KRIEGER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2060 Biscayne Boulevard**

83 **2nd Floor**

84 City **Miami, FL** 85 Zip Code **33137**

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 *Stanley J. Krieger* **STANLEY J. KRIEGER** **3/12/98**

Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>BRAMAN, NORMAN</b>	
STREET ADDRESS	<b>1 SE THIRD AVE SUITE 2130</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>LEIBOWITZ, EDWARD R</b>	
STREET ADDRESS	<b>1 SE 3 AVE, 2130</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>KRIEGER, STANLEY J</b>	
STREET ADDRESS	<b>1 SE 3 AVE, 2130</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>BERNSTEIN, ROBERT</b>	
STREET ADDRESS	<b>1 SE 3 AVE, STE 2130</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>2060 Biscayne Boulevard, 2nd Floor</b>	
1.4 CITY-ST-ZIP	<b>Miami, Florida 33137</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>2060 Biscayne Boulevard, 2nd Floor</b>	
2.4 CITY-ST-ZIP	<b>Miami, Florida 33137</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>2060 Biscayne Boulevard, 2nd Floor</b>	
3.4 CITY-ST-ZIP	<b>Miami, Florida 33137</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>2060 Biscayne Boulevard, 2nd Floor</b>	
4.4 CITY-ST-ZIP	<b>Miami, Florida 33137</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE *Stanley J. Krieger* **STANLEY J. KRIEGER** SECY **3/12/98 (305)576-1889**

CR2E034 (10/97)