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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000071843 (2)**

1. Corporation Name
BRAVE HEARTS GROUP, INC.

Principal Place of Business	Mailing Address
550 N.W. LEJEUNE ROAD SUITE 207 MIAMI FL 33126	~~550 N.W. LEJEUNE ROAD~~ ~~SUITE 207~~ ~~MIAMI FL 33126-5671~~

3. Date Incorporated or Qualified: 08/16/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 1140 KANE CONCOURSE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 FIFTH FLOOR
City & State 23	City & State 28 BAY HARBOR ISLANDS, FL
Zip 24 Country 25	Zip 29 33154 Country 30

4. FEI Number: 65-0691680 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~JURNEY, KENT C~~
~~550 N.W. LEJEUNE ROAD~~
~~SUITE 207~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name: ROBERT H. SILVERS
82 Street Address (P.O. Box Number is Not Acceptable): 1140 KANE CONCOURSE - 5th FLOOR
83
84 City: BAY HARBOR ISLANDS FL 85 Zip Code: 33154

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 [signature] — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)
DATE 3/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JURNEY, KENT C	1.2 NAME	
STREET ADDRESS	550 NW LEJEUNE RD, STE 207	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: X [signature] Kent Jurney — 3-18-97 — 305 864-7531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #