

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

FILED
Mar 24 1997 8:00am
Secretary of State

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

550 N.W. LEJEUNE ROAD
SUITE 207
MIAMI FL 33126

Mailing Address

~~550 N.W. LEJEUNE ROAD~~
~~SUITE 207~~
~~MIAMI FL 33126-5671~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1140 KANE CONCOURSE

Suite, Apt. #, etc.

27 FIFTH FLOOR

City & State

28 BAY HARBOR ISLANDS, FL

Zip

29 33154

Country

30

3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

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

10. Name and Address of New Registered Agent

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

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. I further certify that 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 of Registered Agent or Director)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/97

12. OFFICERS AND DIRECTORS

11	12	13
11.1 TITLE	D	11.1 TITLE
11.2 NAME	JURNEY, KENT C	11.2 NAME
11.3 STREET ADDRESS	550 NW LEJEUNE RD, STE 207	11.3 STREET ADDRESS
11.4 CITY-STATE-ZIP	MIAMI FL 33126	11.4 CITY-STATE-ZIP
11.5 DELETE	☐	11.5 DELETE
11.6 TITLE		11.6 TITLE
11.7 NAME		11.7 NAME
11.8 STREET ADDRESS		11.8 STREET ADDRESS
11.9 CITY-STATE-ZIP		11.9 CITY-STATE-ZIP
11.10 DELETE	☐	11.10 DELETE
11.11 TITLE		11.11 TITLE
11.12 NAME		11.12 NAME
11.13 STREET ADDRESS		11.13 STREET ADDRESS
11.14 CITY-STATE-ZIP		11.14 CITY-STATE-ZIP
11.15 DELETE	☐	11.15 DELETE
11.16 TITLE		11.16 TITLE
11.17 NAME		11.17 NAME
11.18 STREET ADDRESS		11.18 STREET ADDRESS
11.19 CITY-STATE-ZIP		11.19 CITY-STATE-ZIP
11.20 DELETE	☐	11.20 DELETE
11.21 TITLE		11.21 TITLE
11.22 NAME		11.22 NAME
11.23 STREET ADDRESS		11.23 STREET ADDRESS
11.24 CITY-STATE-ZIP		11.24 CITY-STATE-ZIP
11.25 DELETE	☐	11.25 DELETE
11.26 TITLE		11.26 TITLE
11.27 NAME		11.27 NAME
11.28 STREET ADDRESS		11.28 STREET ADDRESS
11.29 CITY-STATE-ZIP		11.29 CITY-STATE-ZIP
11.30 DELETE	☐	11.30 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	15	16
14.1 TITLE		14.1 TITLE
14.2 NAME		14.2 NAME
14.3 STREET ADDRESS		14.3 STREET ADDRESS
14.4 CITY-STATE-ZIP		14.4 CITY-STATE-ZIP
14.5 DELETE	☐	14.5 DELETE
14.6 TITLE		14.6 TITLE
14.7 NAME		14.7 NAME
14.8 STREET ADDRESS		14.8 STREET ADDRESS
14.9 CITY-STATE-ZIP		14.9 CITY-STATE-ZIP
14.10 DELETE	☐	14.10 DELETE
14.11 TITLE		14.11 TITLE
14.12 NAME		14.12 NAME
14.13 STREET ADDRESS		14.13 STREET ADDRESS
14.14 CITY-STATE-ZIP		14.14 CITY-STATE-ZIP
14.15 DELETE	☐	14.15 DELETE
14.16 TITLE		14.16 TITLE
14.17 NAME		14.17 NAME
14.18 STREET ADDRESS		14.18 STREET ADDRESS
14.19 CITY-STATE-ZIP		14.19 CITY-STATE-ZIP
14.20 DELETE	☐	14.20 DELETE
14.21 TITLE		14.21 TITLE
14.22 NAME		14.22 NAME
14.23 STREET ADDRESS		14.23 STREET ADDRESS
14.24 CITY-STATE-ZIP		14.24 CITY-STATE-ZIP
14.25 DELETE	☐	14.25 DELETE

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: X

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent Journey

3-18-97

305 804-7531

DATE DAYTIME PHONE #

CR2E034 (9/96)