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

PROFIT CORPORATION **ANNUAL REPORT**

1997

į



FLORIDA DEPARTMENT OF STATE

Secretary of Stars DIVISION OF CORPORATIONS

DOCUMENT # P96000100568 (0)

BROOKS INTERNATIONAL CORPORATION

FILED Jun 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					T LOGINGAY NIG TRIVER BULLI BONIN ORNIN CANOL HARN BONIN BULLI BONIN BULLI BONIN 1011 1011 1011			
10950 NW 14TH AVENUE 10950 NW 14TH AVENUE								
APT #F82		APT #F32						
MIAMI FL 33167		MIAMI FL 33167-4048		2 Date Incorpor	rated or Qualified	3a. Date of Last	Poport	
					12/12/1996		Ja. Date of Lase	, nepoli
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	•		Applied For
21 10950 NW14 ANE 26					APPIU	tor.		Not Applicable
Suite, Apt. #, etc.					5. Certificate of	Status Desired		Additional
22 State City & State City & State					_		Fee	Required
						paign Financing		May Be
23 / // // Zip	Country	28			Trust Fund C			d to Fees
24 33/	167 25 1) SA	<u></u>	10	, ,	Florida Statu	tion has liability for in	itangibie tax undei Yes 🔟 No	r s. 199.032,
1	9. Name and Address of Current		1			ddress of New Reg		····
PIER	RE-LOUIS, BAYARD		8	1 Name	WARD (2	_ / .	_
	BURSVA HTEKWIN O		82 Street Address (P.O. Box Number is Not Acceptable)					
	#F32 ★		10.	1979	30 X XX	14 AVE	" DPT#F	32
	II FL 33/167		8:	3 11.12	ma i	V/		•
			8	1 ////	[4]	<i>E/</i>	85 Zi	p Code
			"	City ,	•		FL °° É'	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named corp	poration submits this	statement for the pi	urpose of changing	its registered
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statuti	oy ine corporai es.	tion's board of direc	iois, i nereby accep	tine appointment	as registered
SIGNATURE	BAUARA Piene L	DUM				4	120/97	7
	Signature typed or printed name of registered agent			gent signature requi	red when reinstating)		DATE	
12.	OFFICERS AND		13.	···· - ·	ADDITIONS/C	HANGES TO OFFIC	ERS AND DIRECT	
TITLE	D Pi err e-Louis, Bayard	☐ DELETE	1.1 TITLE				⊥ crang	eAdomon
NAME	10950 NW 14TH AVE, APT F32		1.2 NAME	}				
STREET ADDRESS	MIAMI FL 33167			ET ADDRESS				
CITY-ST-ZIP TITLE	MANUTE COTO	☐ DELETE	1.4 CITY- 2.1 TITLE				Change	e Addition
NAME			2 2 NAME					
STREET ADORESS			1	ET ADDRESS				
CITY-ST-ZIP	as sq		2.4 CITY	I				
TITLE		DELETE	3.1 TITLE				☐ Chang	e Addition
NAME			3.2 NAME					ļ
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4, CITY	-ST-ZIP				
TITLE		☐ DELETE	41 TITLE				Chang	B Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-			···		
TITLE		☐ DELETE	5.1 fitte	[☐ Chang	e
NAME			5.2 NAME					ĺ
STREET ADDRESS			5.3 \$1 RE	et address				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-	-ST-ZiP				
TITLE		■ DELETE	6.1 TITLE	-			Change	e Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREI	ET ADDRESS				
CITY-ST-ZIP			64 CITY-	ST - ZIP		W. 5.		

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 tam 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.

GNATURE:

GRACIAN

ROSS

12051 7581055