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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90047 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005267

1. Corporation Name
BRAVO ACCOUNTING SERVICES, INC.



Principal Place of Business

Mailing Address

18000 N.W. 2ND AVE.
MIAMI FL 33169

18000 N.W. 2ND AVE.
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

65-0719277

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **18722 NW 48 AVE**

26 **18722 NW 48 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FL**

Zip

24 **33055** 25 **USA**

Zip

29 **33055** 30 **USA**

9. Name and Address of Current Registered Agent

BRAVO, ADA F
18000 N.W. 2ND AVE.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

ADA F. BRAVO

82 Street Address (P.O. Box Number is Not Acceptable)

18722 NW 48 AVE

83

84 City

MIAMI

FL

85 Zip Code

33055

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 **Ada F. Bravo**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BRAVO, ADA F**
STREET ADDRESS **18722 N.W. 48TH AVE.**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **ST** ☐ DELETE
NAME **BRAVO, ADA F**
STREET ADDRESS **18000 N.W. 2ND AVE.**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **ST**
2.3 STREET ADDRESS **ADA F. BRAVO**
2.4 CITY-ST-ZIP **18722 NW 48 AVE**
MIAMI FL 33055

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Ada F. Bravo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99 **305/651-6824**

CR2E034 (11/98)