

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90139 002 \*\*\*150.00

DOCUMENT # P97000042883

1. Corporation Name  
BRO BRIT, INC.

Principal Place of Business

406 SUNSET DRIVE  
HALLANDALE FL 33009

Mailing Address

406 SUNSET DRIVE  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0781117

Applied For

Not Applicable

2. Principal Place of Business

21 300 SW 1ST AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 20055 BISCAYNE BLVD  
Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE, FL  
Zip Country

24 33301-1802 25

27 City & State

28 AVENTURA, FL  
Zip Country

29 33180-1535 30

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

9. Name and Address of Current Registered Agent

WOLFE, RICHARD C ESQ.  
20803 BISCAYNE BLVD. #200  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME MILO, JERRY  
STREET ADDRESS 406 SUNSET DRIVE  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VSD  
NAME MILO, RHONDA  
STREET ADDRESS 406 SUNSET DRIVE  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)