

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sondry S. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT P97000052889

1. Corporation Name

BRAND MAKERS USA, INC.

Principal Place of Business

Mailing Address

8352 N.W. 70 STREET
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-13-97

2. Principal Place of Business

21 8352 N.W. 70 ST.

2a. Mailing Address

24

4. FE Number

65-0763594

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Page

22 MIAMI, FL

25

23 33166

County

DADE

26

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMBERTO J. CORTINA
4064 BONITA AVENUE
MIAMI, FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, to be filed 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 607.0506, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the filer) (required)

(2) (3) (4) Registered Agent Signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME HUMBERTO J. CORTINA
STREET ADDRESS 4064 BONITA AVE
CITY, ST, ZIP MIAMI, FL 33133

TITLE VICE-PRESIDENT
NAME MARICELI SUAREZ
STREET ADDRESS 8352 N.W. 70 ST
CITY, ST, ZIP MIAMI, FL 33133

TITLE
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CITY, ST, ZIP

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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

100002522971
-05/14/98-01012-038

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), Florida Statutes. I further certify that the information is based on true and accurate report or supplementary annual report of true and accurate information and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation and I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR QUALIFIED

4-30-98 (305) 593-2992