

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1998-1999

DOCUMENT # P97000076967

Legal Name

BRILLUMBA CONGO CORP.



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

FILED

99 DEC -3 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09-05-1997

4. FEI Number

65-0787766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

HECTOR E. MEDINA  
14813 S.W. 127 PL.  
MIAMI, FL 33186

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. For each of the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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

NAME

P/D  
HECTOR E. MEDINA  
14813 S.W. 127 PL.  
MIAMI, FL 33186

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

HECTOR E. MEDINA

(305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 DEC -3 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BRILLUMBA CONGO CORP.  
DOC.# P97000076967

TO: DIV. OF CORP.  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE 1998-1999 ANNUAL REPORT FORM ALONG WITH A CHECK FOR \$300.00 DOLLARS PAYABLE TO YOUR OFFICE IN ORDER TO UP-DATE MY CORPORATION. DUE TO A CHANGE OF MAILING AND PRINCIPAL ADDRESS I NEVER RECEIVED THE ANNUAL REPORTS FIRST NOR SECOND NOTICE. PLEASE ACCEPT THIS LETTER AS MY EXCUSE TO UP-DATE THE ABOVE MENTIONED CORPORATION. IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS LETTER DON'T HESITATE TO CONTACT MY OFFICE AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT FORM. ONCE AGAIN THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.

  
\_\_\_\_\_  
HECTOR E. MEDINA (P/D)