FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE Apr 01 1998 8:00am CORPORATION Sandra B. Morthauf ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name P97000089980 (1) BRIMOR CORPORATION Principal Place of Business Mailing Address 1402 EAST LAS OLAS BLVD SUITE 408 1402 EAST LAS OLAS BLVD SUITE 408 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE CORPORATION, 3. Date Incorporated or Qualified 3Rimor BRIMOR CORPORATION 10/20/1997 GRANDHA'S La Grow CAFE 2. Principal Place of Business Applied For 21 GRANDHA'S ICE CHOOM A 26 3354 Noeth Ocean Not Applicable Suite, Apt. #, etc. \$8.75 Additional 3354 NoH 5. Certificate of Status Desired 3354 North Ocean Bld Fee Required City & State \$5.00 May Be 6. Election Campaign Financing FLORIDA FOIT CAUDERDAL Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 33 308 A2U 29 USA Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRIS Christophe **BRIS. YANN** Molio VANN 1402 EAST LAS OLAS BLVD SUITE 408 Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 NORTH AUDERDNE 11. Pursuant to the provisions of Sections 617.0502 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 this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Mollo CHRISTOPHE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MORIU YANN CHRISTOPHC TITLE Change 1 1 TITLE PRESIDE NE Secretary Tresmon NAME 12 NAME 3354 NATH OCEAN BL 3354 NATH Ocean Bld STREET ADDRESS 1.3 STREET ADDRESS 33308 FL 33308 GAT LAUDERDAIG CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 2.1 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-\$T-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TATLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME

14. Thereby certify that the information supplied with this illing dock 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. If 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 of trustee dispowered to execute this report as required by Chapter 602, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CFTY-ST-ZIP

CITY-ST-ZIP

TITLE

2/19/98 (954) 564 3671

Change

Addition