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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000093962

1. Corporation Name

BRASS F	RESOURCES, INC.				
Principal Place	of Rusiness	Mailing Address			J
		19355 N.E. 36 CT.			
19355 N.E. 36 CT. 19355 N.E. 36 CT. #18K #18K					
MIAMI FL 33180 MIAMI FL 33180				DO NOT WRITE IN THIS SPACE	-
				3. Date Incorporated or Qualifed	
				11/03/1997	-
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0794503 Not Applicab	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	-
22		City & State	<del></del>		$\dashv$
City & State	e	<del></del>		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	_
<b>⊢</b> , `	25	— `	30	Personal Property Tax. Yes No	
24	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
	5. 10000 0100 01000		81 Name		
TRU)	CTON, GREGG \$ ESQ.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
2121 PONCE DE LEON BLVD.			5treet Addi	ess (F.O. Box Nulliber is Not Acceptable)	
SUITE 600			83		_
COR	AL GABLES FL 33134			as Zin Code	
			84 City	FL 85 Zip Code	Ì
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose of changing its registered	1
l office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thonzed by the corporation	on's board of directors. I hereby accept the appointment as registered	- }
_	m jamilar with and doopt the obliga				ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature require		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addit	וזטנו
NAME	AZOUT, JACK		1.2 NAME	•	
STREET ADDRESS	19355 N.E. 36 CT. #18K		1.3 STREET ADDRESS		ł
CITY-ST-ZIP	MIAMI FL 33180		1.4 CITY-ST-ZIP	☐ Change ☐ Addii	tion
TITLE	DVST	☐ DELETE	2.1 TITLE	Change [] Addition	IUII
NAME	AZOUT, JOSE R		2.2 NAME		
STREET ADDRESS	19355 N.E. 36 CT. #18K		2.3 STREET ADDRESS		٠ -
CITY-ST-ZIP	MIAMI FL 33180	(T)	2. 4 CITY-ST-ZIP	☐ Change ☐ Addit	ion
TITLE		☐ DELETE	31 TITLE	□ cutange □ Additi	1071
NAME			3.2 NAME		Į
STREET ADDRESS			3.3 STREET ADDRESS		- {
CITY-ST-ZIP			B		- 1
TITLE	1	□ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addii	ion
NAME		☐ DELETE	4.1 TITLE	☐ Change ☐ Addi	tion
STREET ADDRESS		☐ DELETE	4.1 TITLE 4. 2 NAME	☐ Change ☐ Addii	tion
		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Addii	tion
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TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addi	
TITLE.			4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
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TITLE NAME STREET ADDRESS			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	☐ Change ☐ Addi	tion

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.

6.4 CITY-ST-ZIP

SIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

305-895-8556.