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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094198 (3)

BRAK CONSULTANT INC.

Principal Place of Business Mailing Address 3200 N. OCEAN DR. #501 HOLLYWOOD FL 33019 3200 N. OCEAN DR. #501 HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes **⊠** Ño 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DUMAIS, ALBERT 81 Name 3200 N. OCEAN DR. #501 82 Street Address (P.O. Box Number is Not Acceptable) **HOLLYWOOD FL 33019** City 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 between the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation about agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DUMAIS of registured agent and title if applicab **SIGNATURE** (NOTE Registered Age required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TIRE Change Addition **DUMAIS, ALBERT** NAME 1.2 NAME 3200 N. OCEAN DR. #501 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

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 altachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

SIGNATURE: ALLSET HA

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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03-26-98

Addition

Addition

FILED

Apr 01 1998 8:00am

Secretary of State