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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097288 (9)

1. Corporation Name
BROWCH, INC.



Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 815 WASHINGTON AV

2a. Mailing Address

26 815 WASHINGTON AV

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0799218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI BEACH FL

City & State

28 MIAMI BEACH

Zip

24 33139

Country

25 DADE

Zip

29 33139

Country

30 DADE

9. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ
PROFLET & ASSOCIATES
501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

ACHILLES BALLESTAS

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

7730 SW 68-TR

83

84 City

MIAMI

FL

85 Zip Code

33143

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'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, if applicable, (Name of Registered Agent Signature required when reinstating)

Signature, typed or printed name of registered agent and, if applicable, (Name of Registered Agent Signature required when reinstating)

ACHILLES BALLESTAS

3-13-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P, D CARLOS JALIL

STREET ADDRESS 815 WASHINGTON AV

CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ DELETE

NAME VP, D GUILLERMO JALIL

STREET ADDRESS 815 WASHINGTON AV

CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ DELETE

NAME S, D SONIA BRUCKI

STREET ADDRESS 815 WASHINGTON AV

CITY-ST-ZIP MIAMI, BEACH, FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

Signature, typed or printed name of registered agent and, if applicable, (Name of Registered Agent Signature required when reinstating)

CARLOS JALIL

3-12-98

CR2E034 (10/97)