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

Jan 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000098967 (7) MABRUK, INC. Principal Place of Business Mailing Address 10009 NORTH BAY ROAD 16909 NORTH BAY ROAD SUITE 503 SUITE SOS DO NOT WRITE IN THIS SPACE NORTH-MIAMI BEACH FL 39100 NORTH MIAMI BEACH FL 33160 3. Date Incorporated or Qualified <u>11/17/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 8045 N.W. 364 Street 14395 WEST DIXIE HWY. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite NO. 525 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be NORTH MIAMI, FL MIAMI FL. 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible DADE 33166 DAPE 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION CERMOSTOCKHOANY RIBEIRO, GUILHERME 1201-HAYE STREET 82 Box Number is Not Acceptable)

NORTH BAY ROAD MARRES EL MODAR MEDE В3 503 Zip Code 33160 NORTH MIAMI BEACH and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons of Section 607.0505, Florida Statutes. 11. Pursuant to the provisi RIBEIRO, GUILHERME 07 **SIGNATUR** 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE 1.1 TITLE Change Addition TITLE NAME RIBEIRO, GUILHERME H 1.2 NAME CR2E034 STREET ADDRESS 16909 NORTH BAY ROAD STE 503 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change VSD Addition TITLE 2.1 TITLE CASPARY, CLARITA C NAME 2.2 NAME 16909 NORTH BAY ROAD STE 503 STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 100002403941 -01/16/98--01117--015 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST- ZIP

14. Thereby 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 suppliemental 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 of true for provered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of an attachment of the proventies of the proventies

CITY-ST-ZIP

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