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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State کیشند **DIVISION OF CORPORATIONS**

DOCUMENT # P97000101634

1. Corporation Name BRANDMAT, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90131 046 ***150.00

| Principal Place | e of Business | Mailing Addre | SS | | | I (ggi(ggi tri pair) | | | |
|-----------------------------------|--|-----------------------|---|-------------|--|---|--|-----------------------|-----|
| 5831 MILLER ROAD 5831 MILLER ROAD | | | | | | | | | |
| MIAMI FL 33155 MIAMI FL 33155 | | | | | | DO NOT WELL | E IN THIS SPACE | | |
| | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | 3. Date Incorporated or Qualifed | E-inti (in. or works | | 1 |
| | | | | | | 12/01/1997 | | | l |
| | | 0- 14-11 6 | | | | 4. FEI Number | | pplied For | ł |
| <u> </u> | | | lailing Address | | | 65-0805176 | <u> </u> | ot Applicable | 1 |
| 21 | | 26 | 12 -4- | | | 00-0000170 | | Additional | } |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | Additional equired | İ |
| 22 | | City & Ct- | | | | 5 | | | |
| City & State | 8 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | May Be to Fees | |
| 23 | | 28 Zip | | Country | | | | 10 1 003 | 1 |
| Zip | Country | <u> </u> | 100 | ٠ ′ | | This corporation owes the curre Personal Property Tax. | entyear intangible ☐Yes | □No | [|
| 24 | 9. Name and Address of Curre | 29 | 30 | L | | 10. Name and Address of New R | | | |
| | 9. Name and Address of Curre | ut vedizteien võei | <u> </u> | 81 | Name | TO. Hallio allo Acadess of the con- | | | |
| PRE | NDIVILLE, RAYMOND | | | | | | | | |
| 5831 MILLER ROAD | | | 82 | Street Ad | ress (P.O. Box Number is Not Acceptable) | | | 1 | |
| l . | MI FL 33155 | | | 83 | | | | | 1 |
| | , | | | 63 | | | | | |
| ļ | | | | 84 | City | | 85 Zip | Code | |
| <u> </u> | | | | | L | | FL o E | | ┧ |
| office or n | agistared egopt—os hoth in the State | vot Florida. Süleh ch | ande was auth | onzeo ov | the corpor | prporation submits this statement for the ation's board of directors. I hereby accept | purpose of changing its it the appointment as n | egistered | ┝╌ |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 60 | 7.0505, Florida | Statutes | | • | | | |
| SIGNATURE | | | | | | | | | [|
| <u> </u> | Signature, typed or printed name of registered age | | (NOTE: Rec | | nt signature req | uired when reinstating) ADDITIONS/CHANGES TO OF | DATE | DRS IN 12 | 1 8 |
| 12. | OFFICERS A | ND DIRECTORS | DELETE | 13. | | ADDITIONS/CHANGES TO OF | Change | Addition | } : |
| TITLE | 1 | _ | | | | | onange | | |
| NAME | PRENDIVILLE, RAYMOND | | | 1.2 NAME | - 1 | | | | 1 |
| STREET ADDRESS | 5831 MILLER ROAD | | | 1.3 STREE | - 1 | | | | { |
| CITY-ST-ZIP | MIAMI FL 33155 | | DECETE | 1.4 CITY-S | T-ZIP | | ☐ Change | Addition | 1 8 |
| TITLE | DTS | | DELETE | 2.1 TITLE | | | ☐ Criaings | | |
| NAME | PRENDIVILLE, ROBERT | | | 2.2 NAME | Ì | | | | 1 |
| STREET ADDRESS | 5831 MILLER ROAD | | | 2.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33155 | | | 2. 4 CITY-5 | T-ZIP | | | ■ A 4400 -= | ł |
| TITLE | | |) DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition | [|
| NAME | | | | 3,2 NAME | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | TADDRESS | | | | 1 |
| CITY-ST-ZIP | | | | 3.4. CITY-5 | T-ZIP | | | | 1 |
| TITLE | | | DELETE | 4,1 TITLE | | | ☐ Change | ☐ Addition | 1 |
| NAME | | | <i>5</i> 45 € | 4. 2 NAME | | سيهم يزاياك مختصص والشعومات | يد بكري الساء | - | , |
| STREET ADDRESS | | | | 4.3 STREE | TADORESS | | | | |
| CFTY-ST-ZIP | | | | 4.4 CITY-S | T-ZIP | | | | 4 |
| TITLE | | | DELETE | 5.1 TITLE | } | | ` ☐ Change | Addition Addition | 1 |
| NAME |] | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | 5.3 STREE | T ADDRESS | , - | | | - |
| CITY-ST-ZIP | | | | 5.4 CITY-S | T-ZIP | | | | 1 |
| TITLE | | | DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition | ì |
| MANAP | | | DELLIL | | 1 | | | | |
| NAME | | , | OLLEIL | 6.2 NAME | | | | | |
| STREET ADDRESS | | y | DELETE | 6.2 NAME | TADDRESS | | | | |

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.

SIGNATURE: