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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000022784

1. Corporation Name

BRATPAK, INC.

Principal	Place of	Business

Mailing Address

4310 SHERIDAN STREET STE 202 HOLLYWOOD FL 33021

4310 SHERIDAN STREET STE 202 HOLLYWOOD FL 33021

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90002 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/09/1998

							00/00/1000			
2. Principal Pl	ace of Business		. Mailing Address				4. FEI Number	79	ļ ļ <u>.</u>	oplied For ot Applicable
11		26	Cuita Ant # ata				64 00116	-4		Additional
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	equired
City & State	e		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	<u></u>	Zip	Countr	гу		8. This corporation owes the curr	rent year Int		-
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regis	stered Agent		4	A1	10. Name and Address of New	Registered	Agent	
DI ID	TON, ANDRE S			8	וי	Name				
				8:	2	Street Addres	ss (P.O. Box Number is Not Accept	able)		
4310 SHERIDAN ST #202 HOLLYWOOD FL 33021										
HŲL	LTWOOD FL 33021			8:	3					
				8-	4	City		FL	85 Zip	Code
11 Duramant	to the provisions of Sections 607.0502	and 6	07 1508 Florida Statutes	the abo	VA-	named corpor	ration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	da. Such change was aut	horized by	ıy tı	he corporation	's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOTE: R	Registered Age	ent :	signature required v	when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO)R\$ IN 12
TITLE	PD		☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	FUMERO, ISAURA			1.2 NAME	•					
STREET ADDRESS	4310 SHERIDAN STREET STE 2	02		1.3 STRE	ET#	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY+	·ST-	ZIP				
TITLE	TD		☐ DELETE	2.1 TITLE	:				Change	☐ Addition
NAME	WALL, WILLIAM			2.2 NAME	Ξ.					
STREET ADDRESS	4310 SHERIDAN STREET STE 2	02		2.3 STRE	ET#	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021			2. 4 CITY	-ST	-ZIP			_	
TITLE	VD		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	JOSEPH, ERIC L			32 NAME	Ξ					ĺ
STREET ADDRESS	20760 NE 4 CT #208			3.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33179			3.4. CITY-	-ST	-ZIP				
TITLE	SD		☐ DELETE	4.1 TITLE	:				☐ Change	Addition
NAME	JOSEPH, PAULA B			4. 2 NAM	Ε					
STREET ADDRESS	20760 NE 4 CT #208			4.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33179			4.4 CITY-	-ST-	-ZIP				
TITLE			☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME				5.2 NAME	E					
STREET ADDRESS				5.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP				54 CITY-	-ST-	- ZIP				
TITLE		-	☐ DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME	E					
STREET ADDRESS				6.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP				6.4 CITY-						
14. I hereby o	certify that the information supplied with	this f	iling does not qualify for t	he exemp	ptio	on stated in Se	ection 119.07(3)(i), Florida Statutes.	I further ce	rtify 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, grown in attachment with an address, with all other like empowered.

SIGNATURE: