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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027430

1. Corporation Name
BRITTAY SALES INC.



Principal Place of Business 1450 MADRUGA AVE. STE.305 CORAL GABLES FL 33146	Mailing Address 1450 MADRUGA AVE. STE.305 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 72 NW 79 St. Suite, Apt. #, etc. 22 City & State 23 Miami FLORIDA Zip 24 33150 Country 25 USA		2a. Mailing Address 26 72 NW 79 St. Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33150 Country 30 USA		3. Date Incorporated or Qualified 03/23/1998 4. FEI Number 65-0828005 Applied For No Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

HABER, DENNIS R P.A.
1450 MADRUGA AVE, STE.305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name	Myron Blumengold
82 Street Address (P.O. Box Number is Not Acceptable)	11630 SW 144 AVENUE
83	
84 City	Miami
85 FL	Zip Code
	33186

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 Myron Blumengold Myron Blumengold DATE 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/S/T/D
NAME	BLUMENGOLD, MYRON	1.2 NAME	
STREET ADDRESS	1450 MADRUGA AVE, STE.305	1.3 STREET ADDRESS	11630 SW 144 AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	Miami, FL 33186
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: Myron Blumengold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)