

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800053008

1. Corporation Name

BRENT HOLDINGS, INC

Principal Place of Business

Mailing Address

13899 BISCAYNE BLVD
PH
NO MIAMI BEACH, FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 13899 BISCAYNE BLVD	26 SAME		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 PH	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 NO MIAMI BEACH, FL	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33181	25 DADE		
Country	Zip		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT BRENT
13899 BISCAYNE BLVD
PH
NO MIAMI BEACH, FL 33181

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	1.1 TITLE	PRESIDENT
NAME	MARLENE BARBARA GRUNBERG	1.2 NAME	LIZETTE PIEDRA
STREET ADDRESS	1614 WASHINGTON ST	1.3 STREET ADDRESS	941 E 16 PL
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33010
TITLE	ROBERT BRENT	2.1 TITLE	
NAME	SECRETARY	2.2 NAME	
STREET ADDRESS	1800 NE 114 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI, FL 33181	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

FILED

99 SEP -9 AM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-1-99 (305) 893-4440