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

0165384

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 APR 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000054675**

1. Corporation Name
BRASICASH, INC.

Principal Place of Business	Mailing Address
100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 33131	100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 100 SE 2ND ST
Suite, Apt. #, etc.
22 17TH FLOOR
City & State
23 MIAMI - FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 100 SE 2ND ST
Suite, Apt. #, etc.
27 17TH FLOOR
City & State
28 MIAMI - FL
Zip 29 USA Country 30 33131

3. Date Incorporated or Qualified
06/18/1998

4. FEI Number
65-0854782
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year in taxable Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H
100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name FRIEDHOFF JOHN H
82 Street Address (P.O. Box Number Is Not Acceptable) 100 SE 2ND ST
83 17TH FLOOR
84 City MIAMI FL 85 Zip Code 33131

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 Normando Caldas Bivar 04/26/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	[ ] DELETE
NAME	NORMANDO C. BIVAR	
STREET ADDRESS	12600 SW 1ST ST #118	
CITY-ST-ZIP	MIAMI - FL - 33186 USA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

300002907280:--4
-06/17/99--01074--003
****150.00 ****150.00

V2+ 4/30

CR2E034 (11/98)

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: Normando Caldas Bivar 04/26/99 (305)2595795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #