PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000083169

1. Corporation Name HEVE BRUDIO INC

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90127 045 ***150.00

NEXIN	U3IG, 1NG.								
Principal Plac	e of Business	Mailing Address					III DAIRI UDABI II	II BB 11(8) 11811	
3071 NW 24TH		3071 NW 24TH ST							
MIAMI FL 33142 MIAMI FL 33142						20 1102 1100		DACE	
						DO NOT WRIT	E IN I HIS	PACE	
						3. Date Incorporated or Qualifed			
						09/24/1998 4. FEI Number		1 1	aliad For
Principal Place of Business 2a. Mailing Address					65-0872	4.31		oplied For ot Applicable	
		26			65 -00 15	7.07		Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		#0.75 		
City 8 Ctoto		City & State			6 Floriton Compaign Figureina			May Be	
- · · · · · · · · · · · · · · · · · · ·		}	State			6. Election Campaign Financing Trust Fund Contribution			to Fees
Zip Country			Zip Country			8. This corporation owes the curre	ent vear inta		
⊢ , ′	¬ /		30			Personal Property Tax.	one your ma	Yes	□No
24	9. Name and Address of Curre		701			10. Name and Address of New R	egistered #	gent	
)			1.	81	Name				
SILV	/ERA, CARMEN			<u>.</u>	Ofmant 5 del	on (D.O. Boy Nigether in Met A	· ·bla\		
307	1 NW 24TH ST		- 1	82	Street Addre	ess (P.O. Box Number is Not Accepta	ipie)	٠,	
MIAI	MI FL 33142		·	83					
				<u>.</u>		· • • • • • • • • • • • • • • • • • • •			
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered /		signature required	d when reinstating)	DATE	DIRECT	OBC IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	D	☐ DELETE	1.1 1111					Change	
NAME	SILVERA, CARMEN		1.2 NAA					·. •	
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CITY-ST-ZIP	MIAMI FL 33142		1.4 CIT		ZIP			Change	Addition
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CITY-ST-ZIP		☐ DELETÉ	4. 2 NA 4.3 STF	REETA	ADDRESS	<u>.</u>			
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NAME		☐ DELETÉ	4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI	REET A Y-ST-1				Change	☐ Addition
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STREET ADDRESS		☐ DELETE	4. 2 NA 4.3 STF 44 CIT 5.1 TIII 52 NAF 5.3 STF 5.4 CIT 6.1 TIII 6.2 NAF	Y-ST-ALE ME Y-ST-ALE Y-ST-ALE ME	ZIP ADDRESS			Change	

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 OF DIRECTOR

Daytime Phone #