## 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 # P98000086219

1. Corporation Name

BROWNING LABS, INC.

Mailing Address

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90126 024 \*\*\*150.00



2476 S.W. 111 AVE. 2476 S.W. 111 AVE. MIAMI FL 3:3165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/06/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65=0884132 No Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes the current year Intangible Country 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Curren: Registered Agent 81 Name HERNANDEZ, PEDRO L Street Address (P.O. Box Number is Not Acceptable) 82 2476 S.W. 111 AVE. **MIAMI FL 33165** 83 84 Zip Code City 85 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 a cept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed nome of registered agen and title if applicable. (NOTE, Registered Agent signature required when reinstating):  DATE								
12.	OFFICERS AN	13.		NS/CHANGES TO O	FFICERS AND	DIRECTO	S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	·			Change	☐ Addition
NAME	HERNANDEZ, PEDRO L SR		1.2 NAME					
STREET ADDRESS	2476 S.W. 111 AVE.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165		14 CITY-ST-ZIP					
TITLE	D	☐ DELETE	21 TITLE				Change	☐ Addition
NAME	HERNANDEZ, JOSEPH P		2.2 NAME					
STREET ADDRESS	<del>-2476</del> ·S <del>.W</del> 111-AVE:		2.3 STREET ADDRESS			<del>-</del>	-	
CITY-ST-ZIP	MIAMI FL 33165	_	2.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	HERNANDEZ, PEDRO L JR.		3.2 NAME					ŀ
STREET ADDRESS	2476 S.W. 111 AVE.		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165		3.4. CITY-ST-ZIP					
TITLE		☐ D€LETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. I heret y 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 "2 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 305-884-8480