

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90150 036 ***150.00

DOCUMENT # P98000086879

1. Corporation Name

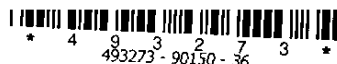
BRUNATO, INC.

Principal Place of Business

**2301 COLLINS AVE. #1409
MIAMI BEACH FLORIDA**

Mailing Address

**2301 COLLINS AVE. #1409
MIAMI BEACH FLORIDA**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/98

2. Principal Place of Business

21 10201 HAMMOCKS BLVD

2a. Mailing Address

26 10201 HAMMOCKS BLVD

4. FEI Number

65-0881203

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE#153-432

Suite, Apt. #, etc.

27 SUITE#153-432

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

City & State

23 MIAMI FL. 33196

City & State

28 MIAMI FL. 33196

6. Election Campaign Financing ☐ **\$5.00** May Be
- Trust Fund Contribution Added to Fees

Zip

Country

24 33196 25 MIAMI-DADE

Zip

Country

29 33196 30 MIAMI-DADE

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ADRIANA M. ECHANDIA
2301 COLLINS AVENUE #1409
MIAMI BEACH FLORIDA**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE **P** ☐ DELETE

NAME **ADRIANA M. ECHANDIA**
STREET ADDRESS **2301 COLLINS AVE. #1409**
CITY-ST-ZIP **MIAMI BEACH FL.**

TITLE **V/S/T** ☐ DELETE

NAME **GUSTAVO USUGA**
STREET ADDRESS **2301 COLLINS AVENUE #1409**
CITY-ST-ZIP **MIAMI BEACH FL.**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **GUSTAVO USUGA** **GUSTAVO USUGA-VICEPRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-99

Date

305-388-4944

Daytime Phone #

CR2E034 (1/98)