


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 # P98000095281		
1. Corporation Name BRAKHA, INC		

FILED

MAY 16 PM 2:04

STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 19390 COLLINS AVE. #1503 NORTH MIAMI BEACH FL 33180		Mailing Address 19390 COLLINS AVE. #1503 NORTH MIAMI BEACH FL 33180	
2. Principal Place of Business 21 19390 COLLINS AVENUE Suite, Apt. #, etc. 22 #1604 City & State 23 NORTH MIAMI BEACH, FL Zip 24 33160		2a. Mailing Address 26 19390 COLLINS AVENUE Suite, Apt. #, etc. 27 #1604 City & State 28 NORTH MIAMI BEACH, FL Zip 29 33160	
3. Date Incorporated or Qualified 11/09/1998		4. FEI Number 65-0891728	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent MAZOUZ, RONI 19390 COLLINS AVE. #1503 NORTH MIAMI BEACH FL 33180		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 re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MAZOUZ, RONI STREET ADDRESS 19390 COLLINS AVE. #1503 CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		1.1 TITLE PRESIDENT 1.2 NAME RONI MAZOUZ 1.3 STREET ADDRESS 19390 COLLINS AVENUE, #1604 1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	
TITLE D NAME SARFATI, CEDRIC STREET ADDRESS 19390 COLLINS AVE. #1503 CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 118.07(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:

RONI MAZOUZ

08-04-99

305-682-1947

KE