

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000104915

1. Corporation Name

BRICO PACK U.S.A., INC.

FILED

99 OCT 18 PM 4: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8346 NW 66TH STREET  
MIAMI FL 33166

Mailing Address  
8346 NW 66TH STREET  
MIAMI FL 33166

04/06/99 90058006 \$150.00

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
12/17/1998

4. FEI Number

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  
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, ELOY A ESQ.  
782 NW LE JEUNE RD., STE. 632  
MIAMI FL 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D & PRESIDENT	DELETE
NAME	PORRO, CARLOS R	
STREET ADDRESS	1110 BRICKELL AVE., SUITE #609	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D & TREASURER/SECRETARY	DELETE
NAME	GUSTAVO XIRAU, JOSE	
STREET ADDRESS	1110 BRICKELL AVE., SUITE #609	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	X	DELETE
NAME	X	
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		

1.1 TITLE	D & PRESIDENT	Change	Addition
1.2 NAME	PORRO, CARLOS R.		
1.3 STREET ADDRESS	1110 BRICKELL AVE, SUITE #609		
1.4 CITY-ST-ZIP	MIAMI, FL 33131		
2.1 TITLE	D & TREASURER/SECRETARY	Change	Addition
2.2 NAME	XIRAU, JOSE GUSTAVO		
2.3 STREET ADDRESS	1110 BRICKELL AVE, SUITE 609		
2.4 CITY-ST-ZIP	MIAMI, FL 33131		
3.1 TITLE	D.	Change	Addition
3.2 NAME	BARBIZO, IANACIO		
3.3 STREET ADDRESS	1110 BRICKELL AVE, SUITE 609		
3.4 CITY-ST-ZIP	MIAMI, FL 33131		
4.1 TITLE	D	Change	Addition
4.2 NAME	VALLESPI SAGARRA, JORDI		
4.3 STREET ADDRESS	1110 BRICKELL AVE, SUITE 609		
4.4 CITY-ST-ZIP	MIAMI, FL 33131		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)