

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04538** (2)
1. Corporation Name
BRAUN & TRUJILLO DESIGN, INC.

Principal Place of Business

**15223 NW 60TH AVE.
MIAMI LAKES FL 33014**

Mailing Address

**15223 NW 60TH AVE.
MIAMI LAKES FL 33014**



2. Principal Place of Business
21 **1042 E 27 STREET**
Suite, Apt. #, etc.
22
City & State
23 **HIALEAH FL**
Zip 33013 Country
24
25
26 **1042 E 27 STREET**
Suite, Apt. #, etc.
27
City & State
28 **HIALEAH FL**
Zip 33013 Country
29
30

3. Date Incorporated or Qualified
09/11/1990
3a. Date of Last Report
05/23/1995
4. FEI Number
NOT APPLICABLE
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRAUN, MICHAEL
15223 NW 60 AVE.
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name **BRAUN, MICHAEL**
82 Street Address (P.O. Box Number is Not Acceptable)
1042 E. 27 STREET
83
84 City **HIALEAH** FL 85 Zip Code **33313**

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title in Block 12

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PTD			<input type="checkbox"/>
	BRAUN, MICHAEL	15223 NW 60TH AVE.	MIAMI LAKES FL	
	SD			<input type="checkbox"/>
	TRUJILLO, NICOLAS	15223 NW 60TH AVE.	MIAMI LAKES FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1042 E. 27 STREET	HIALEAH FL 33013	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		1042 E. 27 STREET	HIALEAH FL 33013	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		400001840594	-05/28/96--01029--019	<input type="checkbox"/>	<input type="checkbox"/>
		***208.75		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (12/95)