SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 2:09

DOCUMENT # V13951 (1)

1. Corporation Name
BRAVE COAST, INC.

Principal Place of Business	Mailing Address
9381 NW 13 ST MIAMI FL 33172 US	9381 NW 13 ST MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0312138 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOJCIECHOWSKI, RICARDO P
9381 NW 13 ST
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Ricardo P. Wojciechowski
82 Street Address (P.O. Box Number is Not Acceptable): 9381 N.W. 13 Street
83
84 City: Miami FL 85 Zip Code: 33172

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 _____ 6/8/95
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PSD	11 TITLE	P/S/D	☐ Change ☐ Addition
NAME	WOJCIECHOWSKI, RICARDO P	12 NAME	Ricardo P. Wojciechowski	
STREET ADDRESS	9754 NW 27 TERR.	13 STREET ADDRESS	9754 N.W. 27 Terrace	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Mimai, Florida 33172	
TITLE	VPTD	21 TITLE	VP/T/D	☐ Change ☐ Addition
NAME	WOJCIECHOWSKI, REGINA	22 NAME	Regina L. Wojciechowski	
STREET ADDRESS	9754 NW 27 TERR.	23 STREET ADDRESS	9754 N.W. 27 Terrace	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33172	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ 6/8/95 305-599-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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