

Sent By: Bruno Elias &amp; Associates;

305 461 3383;

Aug-25-99 6:43PM;

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08091999-90001-011-\$158.75-\$158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V14921 1. Corporation Name BRUNO-ELIAS & ASSOCIATES, INC.			
Principal Place of Business 4217 PONCE DE LEON BLVD SUITE 300 CORAL GABLES FL 33146		Mailing Address 4217 PONCE DE LEON BLVD SUITE 300 CORAL GABLES FL 33146	
3. Principal Place of Business 2a. Mailing Address		4. Date incorporated or Qualified 02/17/1992	
21. Suits, Apt. 8, etc.		26. Suits, Apt. 8, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
8. Name and Address of Current Registered Agent RAMOS, BRUNO E 4217 PONCE DE LEON BLVD #200 CORAL GABLES FL 33146		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 807.0265 and 807.1606, 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 807.1606, Florida Statutes.		12. Name and Address of New Registered Agent	
SIGNATURE Signature, typed or printed name of registered agent and NOTY applicable. NOTE: Registered Agent signature required when replacing.		DATE	
13. OFFICERS AND DIRECTORS		14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE REQUIRED

7-22-99

305-461-2053

# FLORIDA DEPARTMENT OF STATE



**1ST NOTICE  
WITHOUT PENALTY**

## **1999 PROFIT CORPORATION ANNUAL REPORT PACKET**

**RECEIVED**

JUL 12 1999

**BRUNO-ELIAS & ASSOC. INC.**

**\* FILE NOW. FILING FEE IS \$150.00 \***

**THE LAW MAKES NO PROVISION FOR ANY EXTENSION OF TIME FOR THE  
FILING OF THE CORPORATION ANNUAL REPORT.**

**IMPORTANT NOTICE:** It is the responsibility of the corporation to ensure that the annual report is received and filed by this office on or before May 1, 1999. Your cancelled check will be your filing acknowledgement unless a certificate of status is requested and an additional \$8.75 is submitted to cover its fee. **ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.**

**This packet contains:**

- General Instructions for Form Completion
- 1999 Profit Corporation Annual Report Form
- Section 607.1622 and 607.193, Florida Statutes
- Return Envelope

## **DIVISION OF CORPORATIONS**