FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V19025 (8)

1. Corporate Name
BRASS PAGODA, INC.

Principal Place of Business
6116 SW 46 ST
MIAMI FL 33156

Mailing Address
6116 SW 46 ST
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 06/30/1994
4. FEI Number: 65-0328201 — 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 is [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
29 30

9. Name and Address of Current Registered Agent

BARNIER, JAQUELINE
6116 SW 46 ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BARNIER, JAQUELINE
STREET ADDRESS	6116 SW 46 ST
CITY-ST-ZIP	MIAMI FL
TITLE	VTD
NAME	COULLET, JACQUES
STREET ADDRESS	6116 SW 46 ST
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

14. I 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] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0166546 CP