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Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71999 (9)

1. Corporation Name  
BRASERV, INC.

Principal Place of Business

10691 SW 88 ST  
SUITE 104  
MIAMI FL 33176  
US

Mailing Address

10691 SW 88TH STREET  
SUITE 104  
MIAMI FL 33176  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

65-0361761

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8205 N.W. 30 TERRACE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33122

Country

25

2a. Mailing Address

26 8205 N.W. 30 TERRACE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33122

Country

30

9. Name and Address of Current Registered Agent

DA CUNHA, EDSON MARCOS RODRIGUES  
14756 SW 132ND COURT  
#S-402  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

OSNI J. GONCALVES

82 Street Address (P.O. Box Number is Not Acceptable)

8205 N.W. 30 TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33122

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, for 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

OSNI J. GONCALVES

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
GONCALVES, OSNI JOSE  
STREET ADDRESS  
13380-D SW 91ST TERRACE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
DA CUNHA, EDSON MARCOS R  
STREET ADDRESS  
14756 SW 132ND COURT  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
SILVA, IZILDA CAPRIO  
STREET ADDRESS  
14585 SW 94 LN  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
GONCALVES, ROSANGELA  
STREET ADDRESS  
13380-D SW 91ST TERRACE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2562 JARDIN MANOR  
WESTON FL 33327

1.4 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

10636 MANAGUA AVENUE  
COOPER CITY FL 33026

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2562 JARDIN MANOR  
WESTON FL 33327

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

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 a 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

2/12/98

Date

Daytime Phone #

0170000

CR2E034 (10/97)