

**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 # **F95000004093 (9)**

1. Corporation Name  
**SADIA AMERICA, INC.**



Principal Place of Business: **ONE DATRAN CENTER, 9100 S. DADELAND BLVD., MIAMI FL 33156**  
Mailing Address: **ONE DATRAN CENTER, 9100 S. DADELAND BLVD., MIAMI FL 33156**

2. Principal Place of Business  
21 **9100 S. Dadeland Blvd.**  
Suite, Apt. #, etc.  
22 **Suite 706**  
City & State  
23 **Miami, FL**  
Zip  
24 **33156**

2a. Mailing Address  
26 **Same**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30 **USA**

3. Date Incorporated or Qualified: **08/23/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0593245**  
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  
**GOLDFARB, ROBERT I ESQ.  
HUGHES HUBBARD & REED  
801 BRICKEL AVE., STE. 1100  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FILHO, WALTER F	
STREET ADDRESS	ALAMEDA TOCANTINS, 525 - ALPHAVILLE	
CITY - ST - ZIP	06455-921-BARUERI-SP-BRAZIL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GUIMARAES, MURILO	
STREET ADDRESS	ONE DATRAN CENTER, 9100 S. DADELAND BLVD.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GASPARIAN, CLAUDIO	
STREET ADDRESS	ONE DATRAN CENTER, 9100 S. DADELAND BLVD.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DESOUZART, OSLER	
STREET ADDRESS	ONE DATRAN CENTER, 9100 S. DADELAND BLVD.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Murat, Luiz Gonzaga</b>
23 STREET ADDRESS	<b>One Datran Center, 9100 S. Dadeland</b>
24 CITY - ST - ZIP	<b>Miami, FL 33156</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Schmidt, Flavio Riffel</b>
43 STREET ADDRESS	<b>One Datran Center, 9100 S. Dadeland Blv</b>
44 CITY - ST - ZIP	<b>Miami, FL 33156</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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]* **CLAUDIO GASPARIAN** 4-18-96 (305) 670-8760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)