

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
1995

DOCUMENT # **K38925** (9)
BRAZIL RESORTS, INC.

Principal Place of Business: **% DAVID H. CALLEN, 111 W. FORTUNE ST. TAMPA FL 33602-3206**
Mailing Address: **% DAVID H. CALLEN, 111 W. FORTUNE ST. TAMPA FL 33602-3206**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. State: **FL**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2918997**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.042, Florida Statutes: Yes No

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **10/13/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2918997**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.042, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CalLEN, DAVID H.
111 W. FORTUNE S T.
TAMPA FL 33602**

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

I, the undersigned, being the president of the above named corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office and registered agent as provided in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent from the date of filing and accept the resignation of the former registered agent.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|-------------------------------------|--|--|
| 01. NAME D CALLEN, ROBINSON 111 W. FORTUNE ST. TAMPA FL | 02. NAME [] Change [] Addition | 01. NAME [] Change [] Addition | |
| 03. NAME DP CALLEN, DAVID H. 111 W. FORTUNE ST. TAMPA FL | 02. NAME [] Change [] Addition | 02. NAME [] Change [] Addition | |
| 04. NAME DV CALLEN, CLAIRE 111 W. FORTUNE ST. TAMPA FL | 02. NAME [] Change [] Addition | 03. NAME [] Change [] Addition | |
| 05. NAME DS CALLEN, TARQUIN 111 W. FORTUNE ST. TAMPA FL | 02. NAME [] Change [] Addition | 04. NAME [] Change [] Addition | |
| 06. NAME | 02. NAME [] Change [] Addition | 05. NAME [] Change [] Addition | |
| 07. NAME | 02. NAME [] Change [] Addition | 06. NAME [] Change [] Addition | |
| 08. NAME | 02. NAME [] Change [] Addition | 07. NAME [] Change [] Addition | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 191.02(3)(g), Florida Statutes. I further certify that the information indicated on the annual report of 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 person or persons responsible to execute this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *David H. Callen* **DAVID H. CALLEN** 4/20/95 (813) 221-4300