FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L11538 (0)

1. Corporation Name

BRAZSOFT U.S. CORPORATION

Principal Place of Business	Mailing Address
~~44 WEST FLAGLER STREET~~	~~44 WEST FLAGLER STREET~~
~~10TH FLOOR~~	~~10TH FLOOR~~
~~MIAMI FL 33130~~	~~MIAMI FL 33130~~

2. Principal Place of Business	2a. Mailing Address
21 400 Pacific Avenue	26 400 Pacific Avenue
Suite, Apt. #, etc. 22 3rd Floor	Suite, Apt. #, etc. 27 3rd Floor
City & State 23 San Francisco, CA	City & State 28 San Francisco, CA
Zip 24 94133 — Country 25 U.S.	Zip 29 94133 — Country 30 U.S.

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 03/20/1995
4. FEI Number: 65-0153712 ☐ 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**

~~SANTOS, JOSE A JR~~
~~44 WEST FLAGLER STREET~~
~~10TH FLOOR~~
~~MIAMI FL 33130~~

10. **Name and Address of New Registered Agent**

81 Name: B. & C Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard
83 Suite 3000
84 City: Miami FL 85 Zip Code: 33131

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 [signature] Allison A. Lichter, President DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ DELETE
NAME	ROQUE, PAULO M	
STREET ADDRESS	400 PACIFIC AVENUE, 3RD FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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 [redacted] [signature] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96 Date — 415 675 7000 Daytime Phone #