

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 # M78127 (1)

1. Corporation Name
BRASILIA INTERNATIONAL CORPORATION



Principal Place of Business Mailing Address
% GLADIS GONZALEZ
100 SE 1ST STREET #53
MIAMI FL 33131

3. Date Incorporated or Qualified **04/21/1988** 3a. Date of Last Report **02/13/1995**
4. FEI Number **65-0048705** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

GONZALEZ, GLADIS
8615 MENTEITH TERRACE
MIAMI LAKES FL 33016

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: GONZALEZ, GLADIS STREET ADDRESS: 8615 MENTEITH TERR. CITY-ST-ZIP: MIAMI LAKES FL	<input type="checkbox"/> DELETE	1. 1 TITLE 2. 2 NAME 3. 3 STREET ADDRESS 4. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: TERRIER, JOSE STREET ADDRESS: 11848 SW 98TH TERR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	5. 5 TITLE 6. 6 NAME 7. 7 STREET ADDRESS 8. 8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: GONZALEZ, WILLIAM STREET ADDRESS: 8615 MENTEITH TERR CITY-ST-ZIP: MIAMI LAKES FL	<input type="checkbox"/> DELETE	9. 9 TITLE 10. 10 NAME 11. 11 STREET ADDRESS 12. 12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	13. 13 TITLE 14. 14 NAME 15. 15 STREET ADDRESS 16. 16 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	17. 17 TITLE 18. 18 NAME 19. 19 STREET ADDRESS 20. 20 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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. (If changed, attach with an address.)

SIGNATURE:

Jose H. Terrier
Jose H. Terrier

1/18/96

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)