

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000085785 (2)**

1. Corporation Name
BRASILIA OF ORLANDO, INC.

'95 MAR 14 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5472 INTERNATIONAL DR
ORLANDO FL 32819
US**

Mailing Address
**151 MAJORCA AVE
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/10/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 2a. Mailing Address **C/O W. GONZALEZ
100 35 1ST STREET** **25**

4. FEI Number **59-3215692** Applied For Not Applicable

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **LOCAL #53** **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23** City & State **MIAMI FL** **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip **24** Country **25** Zip **33131** Country **30** **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRATS, GABRIEL
151 MAJORCA AVE
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **GONZALEZ, WILLIAM**
STREET ADDRESS **151 MAJORCA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **FANTI, CESAR**
STREET ADDRESS **151 MAJORCA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **NO LONGER A DIRECTOR**
2.4 CITY-ST-ZIP

TITLE **DS**
NAME **TERRIER, JOSER M**
STREET ADDRESS **151 MAJORCA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

3.1 TITLE **VICE-PRESIDENT** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS**
NAME **TIKOMIROFF, SERGIO**
STREET ADDRESS **151 MAJORCA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information provided 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: **WILLIAM GONZALEZ** **PRESIDENT** **03/10/95** **305-371-8345**
DATE: _____