CORPORATION ANNUAL REPORT

1995 ~~18994~~ 15994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name

TIGERSIDE INVESTMENT CORP.

DOCUMENT # P94000033302

Mailing Address	Principal Place of Business
c/o LAD, 201 S. Biscayne Blvd. 1600 Miami Center Miami, FL 33131	c/o LAD, 201 S. Biscayne Blvd. 1600 Miami Center Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 5/3/94

3a. Date of Last Report:

2. Mailing Address
21 5451 S.W. 80th Street
Suite, Apt. #, etc. 22
City & State 23 Miami, FL 33143
Zip 24 Country 25

2a. Principal Place of Business
26 5451 S.W. 80th Street
Suite, Apt. #, etc. 27
City & State 28 Miami, FL 33143
Zip 29 Country 30

4. FEI Number: 65-0488792 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Blvd.
1600 Miami Center
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/S/D	1.1 TITLE	
1.2 NAME	EDUARDO DE MAGALHAES PINTO	1.2 NAME	
1.3 STREET ADDRESS	701 Brickell Avenue, #1250	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	
2.1 TITLE	V	2.1 TITLE	
2.2 NAME	ROBERTO FREIRE DUARTE	2.2 NAME	
2.3 STREET ADDRESS	701 Brickell Avenue, #1250	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	
3.1 TITLE	V	3.1 TITLE	
3.2 NAME	GILSON BACCI	3.2 NAME	
3.3 STREET ADDRESS	701 Brickell Avenue, #1250	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	
4.1 TITLE	V/AS	4.1 TITLE	
4.2 NAME	GUSTAVO DE MAGALHAES PINTO	4.2 NAME	
4.3 STREET ADDRESS	701 Brickell Avenue, #1250	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Miami, FL 33131	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ October 3 1994 (305) 372-0100
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

2-7-95