FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 1-29-96 B. 7287 C

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

DOCUMENT # P95000042921 (3)

1. Corporation Name

SAO PAULO CORPORATION

Principal Place of Business	Mailing Address
5850 LAKEHURST DRIVE SUITE 150-25 ORLANDO FL 32819	5850 LAKEHURST DRIVE SUITE 150-25 ORLANDO FL 32819

3. Date Incorporated or Qualified: 06/02/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 350 Isabella Drive	26 350 Isabella Drive
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Longwood, Florida	City & State 28 Longwood, Florida
Zip / Country 24 32750 / 25 Seminole	Zip / Country 29 32750 / 30 Seminole

4. FEI Number: 59-3322402 ☐ 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	10. Name and Address of New Registered Agent
CARDOSO, LUIZ A 5850 LAKEHURST DRIVE, SUITE 100 ORLANDO FL 32819	81 Name: Barry A. Johnson 82 Street Address (P.O. Box Number is Not Acceptable): 350 Isabella Drive 83 84 City: Longwood FL 85 Zip Code: 32750

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: Barry A. Johnson, President — July 8, 1996
(Signature, typed 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		
TITLE	PSD	☒ DELETE	1.1 TITLE	PTD	☐ Change ☒ Addition
NAME	CARDOSO, LUIZ A		1.2 NAME	Barry A. Johnson	
STREET ADDRESS	5850 LAKEHURST DRIVE, SUITE 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE	VTD	☒ DELETE	2.1 TITLE	VSD	☐ Change ☒ Addition
NAME	CARDOSO, MARIA F		2.2 NAME	Linda C. Johnson	
STREET ADDRESS	5850 LAKEHURST DRIVE, SUITE 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Barry A. Johnson — July 8, 1996 — (407) 332-4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President