## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000042921 (3)

SAO PAULO CORPORATION

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 350 ISABELLA DR 350 ISABELLA DR **SUITE 150-25 SUITE 150-25** DO NOT WRITE IN THIS SPACE LONGWOOD FL \$2750 :ONGWOOD FL 32750 3. Date Incorporated or Qualified 06/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6752 Villas 59-3322402 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 8. This corporation owes or has paid the current year Intangible R USA 29 25 Marie USA 29 33431 9. Name and Address of Current Registered Agent usbr ☐ Yes ΠNo Personal Property Tax due June 30. 10. Name and Address of New Registered Agent JOHNSON, BARRY 81 Name 350 ISABELLA DR Street Address (P.O. Box Number is Not Acceptable) 82 LONGWOOD FL 32750 83 84 of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision SIGNAT (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE JOHNSON, BARRY 1.2 NAME NAME 6752 Uillos Prive 5850 LAKEHURST DRIVE, SUITE 100 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Addition TITLE JOHNSON, LINDA 22 NAME NAME 5850 LAKEHURST DRIVE, SUITE 100 STREET ADDRESS 2.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 sporation on 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 in changed, or of an attachment with an address.