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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000056196 (5)

1. Corporation Name
SOUZA'S CAFE DO BRASIL, INC.

Principal Place of Business	Mailing Address
301 CLEMENTIS STREET GALLERIA INTERNATIONAL BLDG. WEST PALM BEACH FL 33401	301 CLEMENTIS STREET GALLERIA INTERNATIONAL BLDG. WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 07/19/1995
3a. Date of Last Report: 08/08/1996

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

4. FEI Number: 65-0594990 ☐ 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

ALONSO, DOMINGO
301 ALMERIA AVENUE STE 220
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: De Souza, Zildilaine.
82 Street Address (P.O. Box Number is Not Acceptable): 6024 Lelac Rd.
83:
84 City: Boca Raton FL 85 Zip Code: 33496

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: X Jose Souza Zildilaine de Souza April 97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE SOUZA, JOSE A		1.2 NAME		
STREET ADDRESS	6863 BRIDLE WOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DE SOUZA, ZILDILAINE A		2.2 NAME		
STREET ADDRESS	6024 LELAC ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DE SOUZA, JOLCELI F		3.2 NAME		
STREET ADDRESS	6024 LELAC ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOUZA, MARIA D		4.2 NAME		
STREET ADDRESS	6863 BRIDLE WOOD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		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 (9/96)

14. I do hereby 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 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: X Jose Souza April 97 659470