

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33699 (2)

1. Corporation Name
CBTI, INC.

Principal Place of Business Mailing Address
**C/O 5300 SE FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/04/1992** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0336950		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, JOHN S.
5300 SE FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA, PEDRO LUIZ F. M.	1.2 NAME	
STREET ADDRESS	R. DR. GUILHERME DA SILV	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRASIL, S.A.	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI SIERVO, LUIZ	2.2 NAME	
STREET ADDRESS	R. CORONEL SILVA TELES	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRASIL, S.A.	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITARELLO, ADEMIR JUAREZ	3.2 NAME	
STREET ADDRESS	R. CORENEL QUIRINO	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRASIL, S.A.	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CARVALHO, RICARDO R.	4.2 NAME	
STREET ADDRESS	R. CORENEL QUIRINO	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRASIL, S.A.	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLAN, JOSE VILSON	5.2 NAME	
STREET ADDRESS	AV. BARAO DE ITAPURA	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRASIL, S.A.	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENKA, ANDRE TANNURI	6.2 NAME	
STREET ADDRESS	R. SANTA ERNESTINA, 843	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRASIL, S.A.	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 110.07(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 appointment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #