

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1600002915

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC2500258041**

**Entity Name:** MIESPERANZA INTERNATIONAL UNIVERSITY, INC.

**Current Principal Place of Business:**

AVENIDA ITAPEMIRIM,587  
BL.1 - SL.2 - CENTRO ITAIPAVA  
ITAPEMIRIM, ES BR

**Current Mailing Address:**

CAIXA POSTAL0010  
ITAIPAVA  
ITAPEMIRIM, ES 29338-970 BR

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RODRIGUES, ANDRES SR  
150 SE 2ND AVENUE  
1110  
MIAMI, FLORIDA, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           FREITAS, ZILMAR F DR  
Address        AV. ITAPEMIRIM, 587/402 - ITAIPAVA  
City-State-Zip: ITAPEMIRIM 29338-000

Title           EXECUTIVE SECRETARY  
Name           MESQUITA, LYDIA R DRA  
Address        AV. ITAPEMIRIM, 587/302 - ITAIPAVA  
City-State-Zip: ITAPEMIRIM ES 29338-000

Title           DIRECTOR  
Name           SILVA, CARLOS ALBERTO S DR  
Address        RUA 18 QDRA. 27 CASA 13 MORADA  
                  DO OURO  
City-State-Zip: CUIABA 78053-741

Title           CHAIRMAN  
Name           OLIVEIRA, FRANCIS B DR.  
Address        RUA PAULINO VAZ DE MELO,192  
                  DONA CLARA  
City-State-Zip: BELO HORIZONTE 31260-130

Title           ASST. SECRETARY  
Name           LADISLAU, ANDREA DRA  
Address        RUA LEMOS CUNHA 532 APTO. 303  
                  BL.B/ICARAI  
City-State-Zip: NITEROI 24230-136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ZILMAR FERREIRA FREITAS**

**DR**

**03/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date