

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002915

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**2907047927CC**

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

**Current Principal Place of Business:**

AVENIDA ITAPEMIRIM, 587  
BL.1 - SL.203 - CENTRO ITAIPAVA  
ITAPEMIRIM, ES 29338-000

**Current Mailing Address:**

CAIXA POSTAL 0010  
ITAIPAVA  
ITAPEMIRIM, ES 29338-970 BR

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

**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/APTO 203 -  
                  ITAIPAVA  
City-State-Zip: ITAPEMIRIM ES 29338-000

Title            ASST. SECRETARY  
Name            MESQUITA, LYDIA R DRA  
Address        ALAMEDA CAMPOMAR 52, CIDADE  
                  PRAIANA  
City-State-Zip: RIO DAS OSTRAS RJ 28890064

Title            CHAIRMAN  
Name            NASCIMENTO, ROMARIO SOARES C  
                  DR  
Address        RUA CORONEL FABRICIANO, 133 -  
                  ITAIPAVA  
City-State-Zip: ITAPEMIRIM ES 29338-000

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

Title            EXECUTIVE SECRETARY  
Name            LADISLAU, ANDREA DRA  
Address        RUA LEMOS CUNHA 532 APT. 303  
                  BL.B/ICARAI  
City-State-Zip: NITEROI RJ 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 FREITAS**

**PRESIDENT**

**02/27/2019**

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

\_\_\_\_\_  
Date