

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000019147

**Entity Name:** PAMN USA INC.**Current Principal Place of Business:**RUA PADRE CELESTINO, 873  
BAIRRO PORTO DA IGREJA  
GUARULHOS, SAO PAULO 07013-100**Current Mailing Address:**RUA PADRE CELESTINO, 873  
BAIRRO PORTO DA IGREJA  
GUARULHOS, SAO PAULO 07013-100 BR**FEI Number:** 26-2044697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CMS INTERNATIONAL ENTERPRISES, INC.  
550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134 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	DP
Name	CAVALCANTE, PAULO ROBERTO
Address	RUA PADRE CELESTINO, 873 BAIRRO PORTO DA IGREJA
City-State-Zip:	GUARULHOS SAO PAULO 07013-100

Title	D
Name	CAVALCANTE, ANDRE
Address	RUA PADRE CELESTINO, 873 BAIRRO PORTO DA IGREJA
City-State-Zip:	GUARULHOS SAO PAULO 07013-100

Title	D
Name	CAVALCANTE NETO, MARIO COSTA
Address	RUA PADRE CELESTINO, 873 BAIRRO PORTO DA IGREJA
City-State-Zip:	GUARULHOS SAO PAULO 07013-100

Title	D
Name	TORREGROSSA, NORIVAL JR.
Address	RUA PADRE CELESTINO, 873 BAIRRO PORTO DA IGREJA
City-State-Zip:	GUARULHOS SAO PAULO 07013-100

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAULO ROBERTO CAVALCANTE

PD

03/24/2018

Electronic Signature of Signing Officer/Director Detail

Date