

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000276

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC8984578828**

**Entity Name:** DESTINATIONS NETWORK VIAGENS E TURISMO LTDA. - EPP COMPANY

**Current Principal Place of Business:**

RUA CORONEL XAVIER TOLEDO  
316 CONJ.10-A1\*ANDAR.SAO PAULO SP  
CEP 01048-000, BRASIL,

**Current Mailing Address:**

RUA CORONEL XAVIER TOLEDO  
316 CONJ.10-A1\*ANDAR.SAO PAULO SP  
CEP 01048-000, BRASIL, XX

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GOSHGARIAN, JOHN P  
JOHN P. GOSHGARIAN, P.A.  
4835 HOLLYWOOD BLVD., SUITE #4  
HOLLYWOOD, FL 33021 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 D  
Name DE FATIMA MARQUES BARROS,  
MARINA  
Address RUA CORONEL XAVIER TOLEDO, 316  
-CONJ.10A  
City-State-Zip: CEP 01048-000, BRASIL

Title D  
Name BARROS PINHEIRO, RODRIGO  
Address RUA CORONEL XAVIER TOLEDO, 316  
-CONJ.10A  
City-State-Zip: CEP 01048-000, BRASIL

*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: MARINA DE FATIMA MARQUES BARROS**

**DIRECTOR**

**05/01/2015**

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

\_\_\_\_\_  
Date