

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **594647** (0)

1. Corporation Name

BRAZILWOOD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:53

Principal Place of Business

**C T CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324**

Mailing Address

**C T CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1978

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21 CT CORPORATION SYSTEM

2a. Mailing Address

26 CT CORPORATION SYSTEM

Suite, Apt. #, etc.

22 1200 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

27 1200 S. PINE ISLAND ROAD

City & State

23 PLANTATION, FL

City & State

28 PLANTATION FL

Zip

24 33324

Country

Zip

29 33324

Country

30

4. FEI Number

59-1929583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 of Individual or Corporate Name of the person or agent (not the name of the corporation)

(NOTE: Registered Agent is required to sign and file this statement when receiving a new filing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PEARST, PETER B
STREET ADDRESS	IVERSTON, TIVOLI ROAD
CITY, ST, ZIP	DUNLAOGHAIRE CO
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	☒ Change ☐ Addition
2. NAME	PEART, PETER B	
3. STREET ADDRESS	BRIDGE HO, STRAFFAN	
4. CITY, ST, ZIP	KILDARE, IRELAND	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

P B Peart

PETER B PEART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29 1995

+353-1-628-8332