FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003831 (5)**

1. Corporation Name
COTEMIG INTERNATIONAL INC.

Principal Place of Business	Mailing Address
RUA BOM DESPACHO 373 SANTA TEREZA BELO HORIZONTE MG BR 31010-330 US	P O BOX 250021 HOLLY HILL FL 32125 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3199504 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONSELHO, CARLOS BOM 1617 RIDGEWOOD AVE. SUITE E 206 HOLLY HILL FL 32117	91 Name: CONSELHO, CARLOS BOM 92 Street Address (P.O. Box Number is Not Acceptable): 1615 RIDGEWOOD AVE 93: SUITE #107 94 City: HOLLY HILL FL 95 Zip Code: 32117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	CONSELHO, MARCOS LUCIO	1.2 NAME	
STREET ADDRESS	RUA TIMBIRAS, 3.570 APT. 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAIRRO PRETO-BELO HORIZONTE	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	☐ Change ☐ Addition
NAME	CONSELHO, THIERS THEOFIL JR.	2.2 NAME	
STREET ADDRESS	RUA CARDEAL STEPINAC, 461 APT. 302	2.3 STREET ADDRESS	
CITY-ST-ZIP	CIDADE NOVA-BELO HORIZONTE	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	MCS ☒ Change ☐ Addition
NAME	CONSELHO, THIERS THEOFIL	3.2 NAME	CONSELHO, CARLOS BOM
STREET ADDRESS	RUA LINDOLFO DE AZEVEDO, 1836	3.3 STREET ADDRESS	964 NORTHBROOK DR.
CITY-ST-ZIP	JARDIM AMERICA-BELO HORIZONT	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RENNO, PEDRO PAULO M	4.2 NAME	
STREET ADDRESS	RUA PROFESSOR PIMENTA DAVEIGA, 192 APT 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	CIDADE NOVA-BELO HORIZONTE	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	PROCOPIO, MARIO LUCIO	5.2 NAME	
STREET ADDRESS	RUA CONSELHEIRO JOAQUIM CAETANO, 1.173#301	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOVA GRANADA-BELO HORIZONTE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: [signature] CARLOS BOM CONSELHO / MCS 4-20-95 (904) 6727231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408362 FP