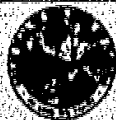


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000003831 (5)

1. Corporation Name

COTEMIG INTERNATIONAL INC.

Principal Place of Business

**RUA BOM DESPACHO 373
SANTA TEREZA
BELO HORIZONTE MG BR 31010-390
US**

Mailing Address

**P O BOX 250321
HOLLY HILL FL 32125
US**

**APPROVED
AND
FILED**

05 MAY -1 PM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 04/27/1994
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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**CONSELHO, CARLOS BOM
1817 RIDGEWOOD AVE.
SUITE E 208
HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent

81. Name
CONSELHO, CARLOS BOM

82. Street Address (P.O. Box Number is Not Acceptable)
1615 RIDGEWOOD AVE

83. **SUITE # 107**

84. City
HOLLY HILL

85. Zip Code
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 TIMBRAS, 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, 481 APT. 302	2.3 STREET ADDRESS	
CITY - ST - ZIP	CIDADE NOVA-BELO HORIZONTE	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	☒ Change ☐ Addition
NAME	CONSELHO, THIERS THEOFIL	3.2 NAME	
STREET ADDRESS	RUA LINDOLFO DE AZEVEDO, 1836	3.3 STREET ADDRESS	
CITY - ST - ZIP	JARDIM AMERICA-BELO HORIZONT	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RENNO, PEDRO PAULO M	4.2 NAME	
STREET ADDRESS	RUA PROFESSOR PIMENTA DAVEIGA, 182 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

CARLOS BOM CONSELHO / MCS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95
(Date)

(904) 6727231
(Telephone Number)