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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000003831 (5)**

1. Corporation Name

COTEMIC INTERNATIONAL INC.

Principal Place of Business	Mailing Address
RUA BOM DESPACHO 373 SANTA TEREZA BELO HORIZONTE MG BR 31010-390 US	P O BOX 250321 HOLLY HILL FL 32125 US

3. Date Incorporated or Qualified: 08/23/1993	3a. Date of Last Report: 05/01/1995
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
21 964 NORTHBROOK DR.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORMOND BEACH, FL	28 City & State
24 Zip: 32174 25 Country: U.S.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CONSELHO, CARLOS BOM
1615 RIDGEWOOD AVE
SUITE 107
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): 964 NORTHBROOK
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

11. Pursuant to the provisions of Section 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] CARLOS B. CONSELHO DCP [signature] 4-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when adding or changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☒ DELETE	1.1 TITLE	DCP	☒ Change ☐ Addition
NAME	CONSELHO, MARCOS LUCIO		1.2 NAME	CONSELHO, CARLOS B.	
STREET ADDRESS	RUA TIMBIRAS, 3.570 APT. 202		1.3 STREET ADDRESS	964 NORTHBROOK DR.	
CITY-ST-ZIP	BAIRRO PRETO-BELO HORIZONTE		1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	DVC	☒ DELETE	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	MCS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONSELHO, CARLOS B		3.2 NAME		
STREET ADDRESS	964 NORTHBROOK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMAOND BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	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	☒ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 B. CONSELHO DCP. (904) 6727231 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PHONE — DATE