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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Aug 11 1997 8:00am

Secretary of State

DOCUMENT # F9300005608 (5)

PAULITRADE S/A EXPORTACAO E COMMERCIO

14. I do horeby certify that the information supplied with information indicated on this annual report of supplied I am an officer or director of the corporation or the appears in Block 12 or Block 13 of changed, or an appear of the corporation of the corporation of the appears in Block 12 or Block 13 of changed.

ONE BISCAYNE TOWER SUITE 9790 MIAMI FL 33131		ONE BISCAYNE TOWER SUITE 3790 MIAMI FL 33131-1806			3. Date Incorporated or Qualified	3a. Da	ite of Last I	Report
					12/10/1993	01/1	5/1997	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0446771 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees		
Zip 24	Country Zip 26 29		Country 30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren	nt Registered Agent		,	10. Name and Address of New Re	gistered A	Agent	
	neiro de cunha, Jose Maria	A	81	Name				
701 BRICKELL AVENUE SUITE 2150			82 Street Addre		ddress (P.O. Box Number is Not Acceptab	ile)		
	AI FL 33131		83	1				
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Sta of Florida, Such Change wa	itutes, the abov	e-named o	corporation submits this statement for the poration's board of directors. I hereby accept		changing ointment a	its registered is registered
	no familiar with, and account the oblig	lations of section 607.0505,	Florida Statute	is.	08	Pos	19	フ
SIGNATURE	argunitive, typed or printed name of registered as	of and this if applicable (Hog stered Ag	nnt signature r	equired when reinstating)	DATE	<i>/_/_</i>	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	M SIGNATURED OF THE ALL	☐ DETETE	1.1 TITLE				Change	: Addition
NAME	FIGUEIREDO, ZILMA ONE BISCAYNE TOWER, SUIT	E 0700	1.2 NAME					
STREET ADDRESS	MIAMI FL 33131	E 3/80		T ADDRESS		•		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY - 2.1 TITLE	SI-ZIP			Change	Addition
NAME	NETO, JORGE CHAMMAS		2.2 NAME					
STREET ADDRESS	ONE BISCAYNE TOWER, SUIT	E 3790		T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-	S1 - ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					+
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP		T DELETE	3.4. CITY-	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				Change	
NAME			4. 2 NAMI					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP			Change	Addition
NAME		hand over the	5.2 NAME				· •	,
STREET ADDRESS			.	T ADDRESS				
CITY-ST-ZIP			5.4 CITY -					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				

6.4 CITY - ST - ZIP

Cobment with an address

hiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the intal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that yet or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

02/10/97

(305) 530-9151