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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 PM 12:08

DOCUMENT # **F94000000500 (8)**

1. Corporation Name
MSP - MAURICIO DE SOUSA PRODUCTIONS INCORPORATED

Principal Place of Business	Mailing Address
8851 EMERSON AVE. SURFSIDE FL 33154	P.O. BOX 546766 SURFSIDE FL 33154-0766

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1994 | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (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: 13-3602319 ☐ 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

LOPEZ, JORGE
2600 S.W. 3RD AVE.
SUITE 300
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: RICHARD H. BREIT
82 Street Address (P.O. Box Number is Not Acceptable): EMERALD LAKE CORPORATE PARK
83: 3111 STIRLING ROAD
84 City: FORT LAUDERDALE **FL** 85 Zip Code: 33312

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: _____ RICHARD H. BREIT 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	DE SOUSA, MAURICIO A	1.2 NAME	MAURICIO ARAUJO DE SOUSA	
STREET ADDRESS	R DO CURTUME, 745 BL F - LAPA	1.3 STREET ADDRESS	R. DO CURTUME, 745 - BL F - LAPA	
CITY-ST-ZIP	SAO PAULO, BRAZIL	1.4 CITY-ST-ZIP	SAO PAULO - SP - BRAZIL - 05065-001	
TITLE	VSD	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	SILVA, YARA MAURA	2.2 NAME	SILVA, YARA MAURA	
STREET ADDRESS	8877 COLLINS AVE.	2.3 STREET ADDRESS	8851 EMERSON AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	SURFSIDE - FL - 33154	
TITLE	TD	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	SILVA, MAYRA CRISTINA	3.2 NAME	SILVA, MAYRA CRISTINA	
STREET ADDRESS	8877 COLLINS AVE.	3.3 STREET ADDRESS	8851 EMERSON AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	3.4 CITY-ST-ZIP	SURFSIDE - FL - 33154	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: MAYRA C SILVA Treasurer 2/28/95 (305) 8669355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420483 FP