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

PROFIT CORPORATION ANNUAL REPORT



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

1996

F95000002253 (1)

**DOCUMENT #** 1. Corporation Name

FICUS CORPORATION	
Principal Place of Business	Mailing Address
3113 HIGHLAND AVE WEST BRADENTON FL 34205-2919	3113 HIGHLAND AVE., WEST BRADENTON FL 34205-2919

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		(8)))	

					3. Date Incorporated or Qualified 3a. Date 105/08/1995	e of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			51-0356140	Not Applicable
Suite, Apt. #	#, etc. •	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Count	ry	8. This corporation has liability for intangible to Florida Statutes Yes No	ax under s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		*	10. Name and Address of New Registered	Agent
			8	11 Name		
WILLIAMS, T. FAY 3113 HIGHWAY AVE., WEST		8	82 Street Address (P.O. Box Number is Not Acceptable)			
	NTON FL 34205-2919		8	83		
			8	4 City	EI	85 Zip Code
or registere familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed name of registered agent	da. Such change was authorition 607.0505, Florida Statute	zed by the co S. IOTE Registered A	rporation's	orporation submits this statement for the purpose of ch board of directors. I hereby accept the appointment as equired when reinstating.  DATE	s registered agent. I am
12.	OFFICERS AN	D DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	SILVA, RICARDO YOUNG	DELETE	1. 1 717.	E	Corporation	Change Addition
NAME	AVE NOVE DE JULLO 3166		1.2 NAM	£	Difusão de Educação E. Cu NV. Nove de Jalho, 3166 São Paulo, SP Brasil O	itura SIA
STREET ADDRESS	SAO PAULO, BRAZIL	•		ET ADDRESS	Av. Nove de Jaino, 3100	
CITY-ST-ZIP	VD NOLO, BRAZIL			- \$T - ZIP	São Paulo, SP Brasilo	1406-900
TITLE	SILVA, ITAMAK GOES	☐ DELETE	2 1 TITL		, i	Change C Addition
NAME	AVE. NOVE DE JULLO 3166	•	2 2 NAM	£		
STREET ADDRESS	SAO PAUL, BRAZIL FL	•	2 3 STRE	ET ADDRESS		
CITY-ST-ZIP	SD X	F100,000		-ST-ZIP		
TITLE	SILVA WYFFELS, MELANIE	AUTING DEFELE	3 1 TITL			Change Addition
NAME	AVE. NOVE DE JULLO 3166	100110	32 NAM			
STREET ADDRESS	SAO PAUL, BRAZIL FL			EET ADDRESS		
CITY - S1 - ZIP	CEO	C) OF LETT		- ST - ZIP		
TOTE	WILLIAMS, T. FAY	☐ DELETE	4 1 TITL		,	Change Addition
NAME	3113 HIGHLAND AVE., WES	τ	4.2 NAM		Sp.K	
STREET ADDRESS	BRADENTON FL 34205-2919			ET ADDRESS	V ········	
CHY-ST-ZIP	PRODESTION FE 04200-2811			- ST - ZIP		
THILE		☐ DELETE	5 1 TITL		[	Change Addition
NAME			5 2 NAM			
STREET ADDRESS			5 3 STRE	ET ADDRESS		
CITY - ST - ZIP				- ST - ZIP		
TITLE		☐ DELETE	6 1 TITL	F	į	Change 🔲 Addition
NAME			6 2 NAM	Ł		
STREET ADDRESS			63 STRE	ET 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 941-749-0478