May 03, 1999 8:00 am Secretary of State

05-03-1999 90080 033 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500002502

1. Corporation Name

EXA EXECUTIVOS ASSOCIADOS LTDA., INC.

										<b>                                    </b>			
Principal Place	e of Business	Mailing Ad	idress			-				II GIIJI BEIJI 88	i(1 <b>60</b> 011 <b>06</b> 114	MARKE HARM SHALL	ORAIO IERA IDDI
95 S FEDERAL HWY		96 S FEDERAL HWY											
SUITE 202		SUITE 202				}							
BOCA RATON FL 33432		BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE						
							3	Date Inco 05/23/1	•	or Qualifed			
2. Principal P	lace of Business	2a. Mailing	Address				- 4	I. FEI Numi				Ap	plied For
21		26	-				Ì	65-059	2434			No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.										\$8.75	Additional
22		27									منحيدات.	Fee Re	guired
City & State		City & State				6	Election (	Campaign	Financing		\$5.00	May Be	
23		28	28						nd Contrib	_		Added t	
Zip	Country	Zip					8	8. This corporation owes the current year Intangible					
24	25	29		30				Personal	Property '	Тах		X Yes	□No
	9. Name and Address of Currer	nt Registered A	gent				10	). Name an	nd Addres	s of New R	egistered	Agent	
					81	Name							
	retto, edgard p				82	Street	Address (	P O Boy N	lumber is	Not Accepta	hle)		
	BANYAN BLVD CIRCLE NW					Olicot	A001033 (	1 .0. 00% 11	IGITIDOT IO	, 101 / 1000ptc			
BOC	CA RATON FL 33431				83								]
					104	Cia						85 Zip (	Code
	:				84	City					FL	_   65   210 \	0000
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508	3, Florida Statul	tes, the a	above	-named	corporation	on submits	this stater	nent for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Suct	n changa was a		of hv t		oration's t	poard of dire	ectors. I h	ereby accep	it the appo	ıntment as re	gisterea
arent la	m familiar with and accent the obline	ations of Section	607 0505 Flo	tutnorize rida Stat	tutes.	me corp							
	m familiar with, and accept the obliga	ations of, Section	607.0505, Flo	iutnorize orida Stat	tutes.	ine corpi							
SIGNATURE	m familiar with, and accept the obligation of registered age.	ations of, Section	n 607.0505, Flo	orida Stat	tutes.		required when				DATE		
SIGNATURE	m familiar with, and accept the obligation of the control of the c	ations of, Section	e. (NOTE	orida Stat	tutes. d Agent			n reinstating)		·	DATE	ND DIRECTO	DRS IN 12
SIGNATURE	m familiar with, and accept the obligation of the control of the c	ations of, Section	e. (NOTE	rida Stat	d Agent			n reinstating)		·	DATE		
SIGNATURE	m familiar with, and accept the obligation of registered age OFFICERS AI	ations of, Section	e. (NOTE	Registered	d Agent			n reinstating)		·	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed of printed name of registered age OFFICERS At PTD STRUVE, CESAR	ations of, Section	e. (NOTE	Registered 13. 1.1 TI 1.2 N	d Agent			n reinstating)		·	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME	or familiar with, and accept the obligation of registered age OFFICERS AT PTD STRUVE, CESAR	ations of, Section	e. (NOTE	Registered  13.  1.1 TI  1.2 N  1.3 S	d Agent	t signature o		n reinstating)		·	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PTD STRUVE, CESAR 4175 NW 24TH TERRACE	ations of, Section	e. (NOTE	Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent TILE JAME	t signature o		n reinstating)		·	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PTD STRUVE, CESAR 4175 NW 24TH TERRACE BOCA RATON FL 33431	ations of, Section	e. (NOTE	:: Registered	d Agent TILE JAME	t signature o		n reinstating)		·	DATE	ND DIRECTO ☐ Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed of printed name of registered age OFFICERS AT PTD STRUVE, CESAR 4175 NW 24TH TERRACE BOCA RATON FL 33431 VSD	ations of, Section	e. (NOTE	:: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	d Agent TILE VAME STREET CITY-ST TILE VAME	t signature o		n reinstating)		·	DATE	ND DIRECTO ☐ Change	DRS IN 12
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SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered age OFFICERS AT PTD STRUVE, CESAR 4175 NW 24TH TERRACE BOCA RATON FL 33431 VSD EBERHAND, JUSSARA 4175 NW 24TH TERRACE	ations of, Section	e. (NOTE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S	d Agent TILE JAME STREET TITLE WAME STREET TITLE WAME STREET CITY-SI	ADDRESS ADDRESS		n reinstating)		·	DATE	ND DIRECTO ☐ Change	DRS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed of printed name of registered age OFFICERS AT PTD STRUVE, CESAR 4175 NW 24TH TERRACE BOCA RATON FL 33431 VSD EBERHAND, JUSSARA 4175 NW 24TH TERRACE	ations of, Section	e. (NOTE	:: Registered 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 3.2 N	d Agent TILE LAME STREET STREET CITY-ST TILE LAME STREET CITY-ST	ADDRESS ADDRESS		n reinstating)		·	DATE	ND DIRECTO Change	ORS IN 12 Addition
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14. I hereby certify that the information supplied with this filing 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 suppliemental 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 receivers 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP