

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

**FILED**  
**Feb 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F96000003556 (5)**

1. Corporation Name:  
**DILKE CONFECOES LTDA**



Principal Place of Business  
**7 ECLIPSE TR**  
**ORMOND BCH FL 32174**

Mailing Address  
**7 ECLIPSE TR**  
**ORMOND BCH FL 32174-4936**

2. Principal Place of Business  
**21 7 Eclipse Trail**  
 Suite, Apt. #, etc.

2a. Mailing Address  
**26 P.O. Box 731075**  
 Suite, Apt. #, etc.

22 City & State  
**23 Ormond Beach, Florida**

27 City & State  
**28 Ormond Beach, Florida**

24 Zip **32174** 25 Country **Volusia** 29 Zip **32173-1075** 30 Country **Volusia**

3. Date Incorporated or Qualified **07/12/1996** 3a. Date of Last Report **N/A**

4. FEI Number **59-3391646** Applied For  Not Applicable

5. Certificate of Status Desired **XX** **\$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  
**MARQUES, CELESTINO A**  
**7 ECLIPSE TR**  
**ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MECLER, ABRAHAO	
STREET ADDRESS	RUA TERESA 186, 25625-010 PETROPOLIS	
CITY-ST-ZIP	RIO DE JANEIRO, BRAZIL	
TITLE	VSVS	<input type="checkbox"/> DELETE
NAME	MECLER, DILQUE FERRACI	
STREET ADDRESS	RUA TERESA 186, 25625-010 PETROPOLIS	
CITY-ST-ZIP	RIO DE JANEIRO, BRAZIL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Mecler, Dilque Ferracioli</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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]* January 20, 1997

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)