

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90057 003 ***150.00

DOCUMENT # F96000003556

1. Entity Name
DILKE CONFECOES LTDA

Principal Place of Business 7 ECLIPSE TRAIL ORMOND BCH. FL 32174 US	Mailing Address P.O. BOX 731075 ORMOND BCH. FL 32173-1075 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1360 Ocean Shore Blvd. Suite, Apt. #, etc. Suites B, C and D	3. Mailing Address 1360 Ocean Shore Blvd. Suite, Apt. #, etc. Suites B, C and D
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City & State Ormond Beach, Florida	City & State Ormond Beach, Florida	4. FEI Number 59-3391646	Applied For <input type="checkbox"/> Not Applicable
Zip 32176	Country USA	Zip 32176	Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUES, CELESTINO A
 7 ECLIPSE TR
 ORMOND BCH FL 32174

Name
HELFFENSTENS, STANLEY F
 Street Address (P.O. Box Number is Not Acceptable)
127 Shady Branch
Ormond Beach
 City
Ormond Beach **FL** - Zip Code
32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DATE **4-17-2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PT <input type="checkbox"/> Delete	MECLER, ABRAHAO RUA TERESA 186, 25625-010 PETROPOLIS RIO DE JANEIRO, BRAZIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VSVS <input type="checkbox"/> Delete	MECLER, DILQUE FERRACI RUA TERESA 186, 25625-010 PETROPOLIS RIO DE JANEIRO, BRAZIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Abraham Mecler**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date **4.17.2000** (904) **441-7549**
 Daytime Phone #

CR2E034 (9/99)