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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K13491** **(1)**

1. Corporation Name

COMPUBRAS EXPORT & IMPORT CORP.

Principal Place of Business	Mailing Address
100 SE 1ST ST.. SUITE 45 ULTRAMONT MALL MIAMI FL 33131	100 SE 1ST ST.. SUITE 45 ULTRAMONT MALL MIAMI FL 33131

3. Date Incorporated or Qualified: **02/02/1988**
3a. Date of Last Report: **10/02/1995**

2. Principal Place of Business
21 100 SE FIRST ST.
Suite, Apt. #, etc.
22 . STE.#45
City & State
23 MIAMI, FLORIDA
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 SAME
City & State
28 SAME
Zip 29 Country 30

4. FEI Number: **65-0024872** ☐ 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

TROFINGO, DOMINGOS
940 SOUTH SHORE DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: DOMINGOS TROFINO
82 Street Address (P.O. Box Number is Not Acceptable): 940 S. Shore Drive
83
84 City: MIAMI BEACH FL 85 Zip Code: 33141

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: [signature] DATE:
Signature required or partial name of registered agent accepting appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TROFINO, DOMINGO		1.2 NAME	
STREET ADDRESS	940 SOUTH SHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FIGUEIREDO, HELENO		2.2 NAME	
STREET ADDRESS	100 SE 1ST., STE #45		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FIGUEIREDO, GERALDO		3.2 NAME	
STREET ADDRESS	6505 CABALLERO BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33145		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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] 03/-5/96 305-358-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DOMINGOS TROFINO