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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K62835

(9)

BRAZILIAN PEPPER TREE, INC.

FILED									
May 19 1998 8:00an	n								
Secretary of State									

Change

Addition

Principal Place of Business Mailing Address									
109 BTH AVE	NUE		145	9 PARK ST. NORTH	ł				
ST. PETERSBURG BEACH FL 33706-4315 ST. PETERSBURG FL 33710								DO NOT MORE IN THE OPACE	
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
{									02/02/1989
2, Principal Place of Business 2s. Mailing Address								4. FEI Number Applied For	
21 26							59-2028319 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							SR 75 Additional		
22			27	27					5. Certificate of Status Desired Fee Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Be
23			28	28					Trust Fund Contribution Added to Fees
Zip	Country 7/p Co			<u> </u>	Country 8. This corporation owes or has paid the current year Intangable				
24	· .	25	29	· · · · · · · · · · · · · · · · · · ·	30	,			Personal Property Tax due June 30. Yes No
		and Address of Curre	nt Registe	red Agent		81	1 61	lame	10. Name and Address of New Registered Agent
	Stanzo, i					01	N	ame	
	SO PARK S					82	S	treet Addre	ress (P.O. Box Number is Not Acceptable)
Ş1.	ST. PETERSBURG FL				83	 			
						00			
					84 City El 85 Zip Code				
As Durament to the provinces of Castinus CO7 (MO2 and CO7 1609 Floride Cts. too the d					above	<u></u>	amod corpo		
office or r	egistered ag	ent, or both, in the State	of Florida	Such change was	s authorize	ed by	y the	e corporatio	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
ľ	m tamiliar w	ith, and accept the oblig	jations of, t	Section 607. 0 505, i	Florida Sta	atutes	Ş.		
SIGNATURE	Signature, typed	Lor pholes name of registered ag	eed and to elif a	applicable (No	UTE Register	ed Agr	ont sig	gnature required	ed when reinstating) DATE
12.		OFFICERS AN	ID DIRECT		13.			·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			☐ DELETE	1.1 1	ITLE			☐ Change ☐ Addition
NAME DEMPSEY , ROSEMARY				1,2 M	1.2 NAME				
STREET ADDRESS	EET ADDRESS 1459 PARK STREET NORTH				1.3 9	1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710			HTY-S	ST- ZII	P			
TITLE	Ď			DELETE	2.1 T	TLF			Change Addition
NAME		NZO, KIM			2.2 N	IAME			
STREET ADDRESS				STAEET	ADD	ress			
City-St-ZIP				CITY - S	ST - Zi	IP .			
TITLE	DELETE 3.1 TI			ITLE			Change Addition		
NAME	3.2 M		NAME						
STREET ADDRESS	3.3 S		TREET	ADD	RESS				
CITY-ST-ZIP			CITY-S	ST - 71	IP .				
TITLE	DELETE 4.1 T		TLE			☐ Change ☐ Addition			
NAME						NAME			
STREET ADDRESS					4.3 \$	TREET	ADDI	RESS	
CITY-ST-ZIP				The Park State		ity-s	T-ZIF	<u> </u>	
TITLE				☐ DELETE	5.1 T			1	Change Addition
NAME					5.2 N			1	
STREET ADDRESS					538	TREET	ADDI	RESS	

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes or on an accuracy with an address.

5.4 C(TY - ST - Z)P

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME