FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:46

DOCUMENT # L55077 (6)

1. Corporation Name
CALOI USA INC.

Principal Place of Business	Mailing Address
703 E. ASHLEY ST. JACKSONVILLE FL 32202 US	703 E. ASHLEY ST. JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1990
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

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

4. FEI Number: 59-2997919 ☐ 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

FOXWORTH, ROBERT EARL
703 E. ASHLEY ST.
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CALOI, BRUNO ANTONIO	12 NAME	
STREET ADDRESS	AV GUIDO CALOI, 1331	13 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CALOI, BRUNO ANTONIO, JR	22 NAME	
STREET ADDRESS	AV GUIDO CALOI, 1331	23 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CALOI, RICARDO	32 NAME	
STREET ADDRESS	AV GUIDO CALOI, 1331	33 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MESSIANO, JOSE VINCENTE	42 NAME	
STREET ADDRESS	AV GUIDO CALOI, 1331	43 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	XAVIER, GERALDO MAGELO D	52 NAME	
STREET ADDRESS	AV GUIDO CALOI, 1331	53 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	FOXWORTH, ROBERT E.	62 NAME	
STREET ADDRESS	703 E. ASHLEY ST.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

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] 4/4/95 904-355-5547
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #