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 #

L55077

(6)

CALOI USA INC.

FILED Apr 24 1998 8:00am Secretary of State



N 20 as

							I BIRIF BIRIF HREI	
Principal Place of Business Mailing Address					1 indriftet fift freite Beret Caret scart ibb. bjan	AIAII A:311 A1011	i minii menee inde	
703 E. ASHLEY ST. 703 E. ASHLEY ST.								
JACKSONVILL	E FL 32202	JACKSONVILLE FL 32202			DO MOT WOITE IN THIS COACE			
US		U\$			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/06/1990			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		59-2997919	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional		
22		27	· 		5. Certificate of Status Desired	Fee	e Required	
City & State		City & State	City & State		6. Election Campaign Financing	_ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,		
23		28		Trust Fund Contribution				
Zip	Country	Zip	Country	y		This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curren	t Registered Agent	81	I Name:	10. Name and Address of New Registe	ed Agent		
	GEN, THOMAS E		61	Name				
	BE ASHLEY ST.		82 Street Addr		fress (P.O. Box Number is Not Acceptable)			
JAC	CK \$ ONVILLE FL 32202							
			83	1				
			84	City		85 Z	Zip Code	
	_				•	-		
office or r	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized b	y the corpora	poration submits this statement for the purpo- alion's board of directors. I hereby accept the	se of changir appointment	t as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and trie Langueable (NO)	IF: Barristered An	ent signalure regui	pired when reinstating) DA	TF.		
12.	OFFICERS AN		13.	ant signators requ	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
TITLE	D	DELETE	1.1 TITLE		7,007,101,000,010,010,010,010	☐ Chan		
NAME	CALOI, BRUNO ANTONIO		1.2 NAME					
STREET ADDRESS	AV GUIDO CALOI, 1331		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	SAO PAULO, BRAZIL		1.4 CITY -	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			Chan	nge 🔲 Addition	
NAME	CALOI, BRUNO ANTONIO, JR		2.2 NAME					
STREET ADDRESS	AV GUIDO CALOI, 1331		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	SAO PAULO, BRAZIL		2 4 Cily-	ST-ZIP		•	ŀ	
TITLE	D DELETE		3.1 THILE			Chan	nge 🔲 Addition	
NAME	CALOI, RICARDO	,	3.2 NAME					
STREET ADDRESS	AV GUIDO CALOI, 1331		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	\$AO PAULO, BRAZIL		3.4. CITY -	ST-ZIP				
TITLE	D	DELETE	4.1 TITLE			Chan	nge Addition	
NAME	MESSIANO, JOSE VINCENTE		4. 2 NAME				1	
STREET ADDRESS	AV GUIDO CALOI, 1331		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	AAA BALILA BBATIL		4.4 CiTY-					
TITLE	V	DELETE	5.1 TITLE			Chan	ige Addition	
NAME	HAGEN, THOMAS		5.2 NAME				}	
STREET ADDRESS	703 ASHLEY ST			1 ADDRESS			Į	
CITY-ST-ZIP	TACKEOPRINTE EL 20000		5 4 CiTY-				ĺ	
TITLE	The state of the s		6.1 TITLE			☐ Chan	nge	
NAME	CARTER, ANDREW C		6.2 NAME					
STREET ADDRESS	703 E. ASHLEY ST.			T ADDRESS				
City-St-7IP	JACKSONVILLE FL 32202		6.4 C/TY-					

14. Thereby 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 signalure 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.