FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M67849 **DOCUMENT #**

(3)

MULTIT		Molling Address		•						
C/O JÓAQUII 481 E COMM	M CARVALHO MENDES BRAGANCA	Mailing Address C/O JOAQUIM CARVALHO MENDES BRAGANCA 481 E COMMERCIAL BLVD FT. LAUDERDALE FL 33334				La				
							3. Date Incorporated or Qualified	1	of Last Re	•
			1-1				02/11/1988 4. FEI Number	U	5/01/19	Applied For
2. Principal Plac	ce of Business	2a. Mailing Ad	daress				65-0025070		├ ─- ┼	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & Sta					6. Election Campaign Financing			<u>'</u>
City & State		28	ii.e				Trust Fund Contribution			O May Be d to Fees
Zip Country		Z ₁ p	Zip Cour 30		ountry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No			
	9. Name and Address of Curre	L = - L		55 1	•••		10. Name and Address of New	Registered	Agent	
				- 6	31	Name				
BRAGANCA, JOAQUIM CARVALHO MENDES 9321 NW 31 PLACE				1	32	Street Addre	ass (P.O. Box Number is Not Accepta	ible)		~
	FFL 33351			1	33					
				į.	84	City		FL	85 Zır	p Code
							ation submits this statement for the p			
	Signature, typed or printed name of registered ager	nt and trile if applicable.	(NOTE	Registered A	gent	t signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	DRS IN 12
12.	PD		DELETE	1.1 10	LÉ		TOO HONG OF CHOLO 10 O.		Change	☐ Addition
NAME	BRAGANCA, JOAQUIM C. I			1.2 NAM	ИE	ļ.				
STREET ADDRESS	9321 NW 31 PLACE	"		1.3 \$78	EET	ADDRESS				
CITY - ST - ZIP	SUNRISE FL			1.4 CIT						
THILE	VD		DELETE	2 1 TIT		·			Change	☐ Addition
NAME	BRAGANCA, MARIA ALINE	M		22 NA	ИE					
STREET ADDRESS	9321 NW 31 PLACE	•		2 3 STR	EET	ADDRESS				
CITY-ST-2IP	SUNRISE FL			2.4 CIT	Y - S	1 - ZIP				
TITLE			DELETE	3 1 TIT	LE				☐ Change	Addition
NAME				3 2 NAI	ME					
STREET ADDRESS				33 ST	REET	T ADDRESS				
CITY - ST - ZIP				3.4 CIT	Y - S	T-ZIP				
TITLE			DELETE	4. 1 10	LE				☐ Change	☐ Addition
NAME				4.2 NA	ME					
STREET ADDRESS				4.3 STF	REET	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-\$	ST - ZIP				
TITLE			DELETE	5. 1 TiT	LE				☐ Change	☐ Addition
NAME				5.2 NA	ME	-				
STREET ADDRESS				5.3 STF	REET	ADDRESS				
CITY-ST-ZIP				5.4 CIT	Y - S	ST - ZIP				
TITLE			DELETE	6 1 TIT	LE				[] Change	Addition

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.

6.2 NAME

6.4 CITY - ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JOARUIM BRAGANCA