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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M78127

**BRASILIA INTERNATIONAL CORPORATION** 

## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90036 014 \*\*\*158.75



Principal Plac	ce of Business	Mailing Address			it gtall filet bilti alalı atalı inbi
% GLADIS GONZALEZ 100 SE 1ST STREET #53 MIAMI FL 33131  % GLADIS GONZALEZ 100 SE 1ST STREET #53 MIAMI FL 33131				DO NOT WRITE IN TH	IS SPACE_
				3. Date Incorporated or Qualifed 04/21/1988	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0048705	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional _Fee Required
City & Star		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip `	Country	8. This corporation owes the current year I	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent
	NZALEZ OLADIO		81 Name		
GONZALEZ, GLADIS			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
13830 MINGS MOONE WAT					
MIA	MI LAKES FL 33014		83		
			84 City		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				•	
CIGITATORE	Signature, typed or printed name of registered agent a		stered Agent signature require	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, GLADIS		1.2 NAME		
STREET ADDRESS	15830 KINGS MOORE WAY		1.3 STREET ADDRESS		
CITY-ST-ZiP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TERRIER, JOSE		2.2 NAME		
STREET ADDRESS	11380 SW 82 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	<u></u>	2. 4 CITY-ST-ZIP	·	
TITLE	P. R. A. B. C.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, WILLIAM		3.2 NAME	•	
STREET ADDRESS	15830 KINGS MOORE WAY	•	3.3 STREET ADDRESS		. ,
CITY-ST-ZIP	MAIMI FL 33014		3.4. CITY-ST-ZIP	the state of the s	
TITLE	S.	☐ DELETE	4.1 TITLE	, .	☐ Change ☐ Addition
NAME	TERRIER, MARIA C	i	4, 2 NAME		
STREET ADDRESS		**************************************	4.3 STREET ADDRESS	_	
CITY-ST-ZIP	MAIMI FL 33156	••	4.4 CITY-ST-ZIP	·	
TITLE	, , ,	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	l · · · · · · · · · · · · · · · · · · ·				
		9	5.2 NAME		Į.
STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE	STATES AND	☐ DELETE	5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or man attantment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305 -371-834<del>5</del>

CR2E034 (11/98)