

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M96349 (9)

1. Corporation Name

BRAZIL WHOLESALERS, INC.

Principal Place of Business

29 S.E. 2ND AVE.
 MIAMI FL 33131

Mailing Address

29 SE 2ND AVE
 MIAMI FL 33131
 US

FILED

1995 AUG -2 AM 9:18

STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1988

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0153872

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

2. Principal Place of Business

21 29 SE. 2nd Avenue

2a. Mailing Address

26 25 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

27 City & State

28 Miami, FL

24 Zip 33131

Country USA

29 Zip 33131

Country USA

9. Name and Address of Current Registered Agent

EVANS, LAWRENCE S.
 3046 BIRD AVE.
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Gabriel Prats

82 Street Address (P.O. Box Number is Not Acceptable)

151 Majorca Avenue

83

Suite C

84 City

Coral Gables

FL

85 Zip Code

33134

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORREA, ANTONINO M.
STREET ADDRESS	29 S.E. 2ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P, S, D.	☐ Change ☐ Addition
1 2 NAME	CORREA, ANTONINO M.	
1 3 STREET ADDRESS	29 SE. 2nd Avenue,	
1 4 CITY - ST - ZIP	Miami, FL 33131	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in Block 12 or Block 13 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; and that I am a receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 358-0333