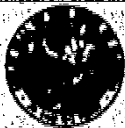


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Mayham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAY -1 AM 11:42 62

SECRETARY OF STATE
TALLAHASSEE, FLORIDA ATE RIDA**DOCUMENT # N94000003434 (7)**

1. Corporation Name

BRASILIAN-AMERICAN HEALTH FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

4. FBI Number

65-0511811

Applied For

Not Applicable

5. Certificate of Status Desired

☒ A**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒ Y**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes☐ Yes☒ No

Principal Place of Business

Mailing Address

11230 S.W. 132 COURT W.
MIAMI FL11230 S.W. 132 COURT W.
MIAMI FL

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24 33186

25

29 33186

30

9. Name and Address of Current Registered Agent

PALL, LORRAINE M
11230 S.W. 132 COURT W.
MIAMI FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PALL, LORRAINE M
STREET ADDRESS 11230 S.W. 132 COURT W.
CITY - ST - ZIP MIAMI FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 21P 33186TITLE VD
NAME ZALUSKI, ELIZABETH D
STREET ADDRESS RUA MIGUEL PEREIRA 50/502
CITY - ST - ZIP HUMAITA, RIO DE JANEIRO, BRA2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE SD
NAME BYRNES, JOHN J
STREET ADDRESS 400 S. POINT DR., # 1002
CITY - ST - ZIP MIAMI BEACH FL 331393.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 a person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Lorraine M. Pall, PD

4/24/95 (305) 547-5601