

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90090 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004790

1. Corporation Name

SAO PAULO ASSOCIATION OF THE SOVEREIGN MILITARY ORDER OF MALTA, INC.

558166-90021-5 6

Principal Place of Business

1101 NO. CONGRESS AVE., STE. 200
 BOYNTON BEACH FL 33426

Mailing Address

1101 NO. CONGRESS AVE., STE. 200
 BOYNTON BEACH FL 33426



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	08/17/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0863740
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election: Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARNEY, THOMAS F JR.
 1101 NO. CONGRESS AVE., STE. 200
 BOYNTON BEACH FL 33426

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Dino Samaja <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rua Orlando Murgel, 161	1.2 NAME	
STREET ADDRESS	04358 Sao Paulo, Brasil	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ingo Reneau / Director	2.2 NAME	
STREET ADDRESS	21682 Wessex Way	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Boca Raton, FL, 33486	2.4 CITY-STATE-ZIP	
TITLE	Secretary - Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas F. Carney, Jr.	3.2 NAME	
STREET ADDRESS	1101 N. Congress Av. Ste 200	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Boynton Beach, FL 33426 <input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if change, or on an attachment with an address, with, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)