FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 MAY -1 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000028807 (4)

1. Corporation Name

BRASIL EXPORTS & IMPORTS, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES FL 33134	717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 04/15/1993
3a. Date of Last Report: 07/21/1994
4. FEI Number: 65-0446206 — 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. The corporation is eligible for exemption ... Florida Statutes: Yes / XX No

2. Principal Place of Business: 21 ___ Suite, Apt. # etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. # etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

FABRE, FRANK R
717 PONCE DE LEON BLVD
SUITE 234
CORAL GABLES FL 33134

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 of registered agent) DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1 TITLE	Change / Addition
NAME	GUSTAVO, GUANAS	1 NAME	
STREET ADDRESS	7190 CORAL WAY	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	S	2 TITLE	Change / Addition
NAME	FABRE, FRANK R	2 NAME	
STREET ADDRESS	717 PONCE DE LEON BLVD #234	2 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2 CITY-ST-ZIP	
TITLE		3 TITLE	Change / Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	Change / Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	Change / Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	Change / Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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.

SIGNATURE: GUSTAVO EGUANAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0138873 CP