FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000033689 (9)**

1. Corporation Name
RESTAURANTE BRASILIA, INC.

Principal Place of Business
60 NE 1ST ST
MIAMI FL 33132

Mailing Address
60 NE 1ST ST
MIAMI FL 33132

3. Date Incorporated or Qualified: **05/10/1993**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0407975** ☐ 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

9. Name and Address of Current Registered Agent

NELSON, GARRY
801 BRICKELL AVE
9TH FLOOR
MIAMI FL 33131

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 607.1502, 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. Said 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 _____ DATE _____

12. OFFICER'S AND DIRECTOR'S		13. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN '12')	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD DOS SANTOS, SEBATIAO 428 SW 5 AVE #103 MIAMI FL	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY ST ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DS~~ ~~DOS SANTOS, MARIA A~~ ~~8765 HARDING AVE #4~~ ~~MIAMI BEACH FL~~	2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY ST ZIP	☐ Change ☐ Addition
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14. I do hereby certify that the information above is required by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attached 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 above, or on an attached report with an address.

SIGNATURE: _____ SEBASTIAO DOS SANTOS 4-17-96 (305)539-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)