* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: BRASUSA CORPORATION

DOCUMENT #: P93000035767-1

Mailing Address: 1246 S. Military Trail #624, Deerfield Beach, FL 33442

Principal Place of Business:

200001478092
-05/08/95--01052--002
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 5525 NW 74th Ave	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Miami, FL	City & State 28
Zip 24 33166 Country 25 USA	Zip 29 Country 30

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number: 65-0408488 — 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Lucia Helena Moreira Silva

Same

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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Lucia H. M. Silva — DATE
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1 1 TITLE	President
1 2 NAME	Lucia H. M. SIlva
1 3 STREET ADDRESS	4500 NW 99 Court #106
1 4 CITY-ST-ZIP	Miami, FL 33178
2 1 TITLE	
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	$8.75
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)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucia H. M. Silva — 04/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone