

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000068829 (9)

1. Corporation Name:

BRAZIL ZUM ZUM ZUM, INC.

Principal Place of Business

5700 LAKESIDE DRIVE
SUITE 501
MARGATE FL 33063
US

Mailing Address

5700 LAKESIDE DRIVE
SUITE #501
MARGATE FL 33063
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 06/14/1994
4. FEI Number 59-3199105	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	

2. Principal Place of Business	2a. Mailing Address
21. 611 NE 30TH TERRECE	26. 611 NE 30TH TERRECE
Suite, Apt. #, etc. 22. #A-9	Suite, Apt. #, etc. 27. #A-9
City & State 23. MIAMI FLORIDA	City & State 28. MIAMI FLORIDA
Zip 24. 33137	Country 25. US
Zip 29. 33137	Country 30. US

9. Name and Address of Current Registered Agent

**RAMOS, JOSE L
833 N. HIGHLAND AVE.
SUITE 1C
ORLANDO FL 32803**

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

Claudio Carneiro

NOTE: Registered Agent Signature Required when Transferring

April 21, 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCAR	1.1 TITLE	☐ Change ☐ Addition
NAME	CARNEIRO, CLAUDIONOR F.	1.2 NAME	
STREET ADDRESS	5700 LAKESIDE DRIVE, #501	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 190.07(3)(b), Florida Statutes. I further certify that the information submitted 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 registered or transfer agent 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 my address.

SIGNATURE:

Claudio Carneiro
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

April 21, 95 (305) 576 9641