SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

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

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080343 (5)

1. Corporation Name
CURITIBA INTERNATIONAL OF MIAMI, INC.

Mailing Address	Principal Place of Business
~~157 SW 57TH AVE~~	~~157 SW 57TH AVE~~
~~MIAMI FL 33144~~	~~MIAMI FL 33144~~

If above addresses are incorrect in any way, use through incorrect information and write correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report:

2. Mailing Address (21): 252 NE 1st Street
Suite, Apt. #, etc (22):
City & State (23): Miami, Fl
Zip (24): 33132 Country (25): Dade

2a. Principal Place of Business (26): 252 NE 1st Street
Suite, Apt. #, etc (27):
City & State (28): Miami FL
Zip (29): 33132 Country (30): Dade

4. FEI Number: 65-0452333 — 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 with IRS 501(c)(3) Tax Exempt Status ☐

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

9. Name and Address of Current Registered Agent

SOLANO AQUILES
~~157 SW 57TH AVE~~
~~MIAMI FL 33144~~

Same.

10. Name and Address of New Registered Agent

81 Name: Solano Aquiles
82 Street Address (P.O. Box Number is Not Acceptable): 252 N.E. 1st Street.
83
84 City: Miami FL 85 Zip Code: 33132

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/S/T	11 TITLE	P/S/T
12 NAME	ARRAM IBRAHIM	12 NAME	ARRAM IBRAHIM.
13 STREET ADDRESS	~~157 SW 57TH AVE~~	13 STREET ADDRESS	252 N.E. 1st Street
14 CITY-ST-ZIP	~~MIAMI FL 33144~~	14 CITY-ST-ZIP	Miami FL 33132
21 TITLE		21 TITLE	
22 NAME		22 NAME	600001481246
23 STREET ADDRESS		23 STREET ADDRESS	-05/09/95--01110--010
24 CITY-ST-ZIP		24 CITY-ST-ZIP	****200.00 ****200.00
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	5/1/95 MBT
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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 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 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: Muhammad Ibrahim Assam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (305) 381-9481
Date Daytime Phone #

0057872