

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 # **P93000085785 (2)**

1. Corporation Name

**BRASILIA OF ORLANDO, INC.**



Principal Place of Business

**5472 INTERNATIONAL DR  
ORLANDO FL 32819  
US**

Mailing Address

**100 SE FIRST ST  
LOCAL #53  
MIAMI FL 33131  
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**12/10/1993**

3a. Date of Last Report  
**03/14/1995**

4. FEI Number  
**59-3215692**

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

10. Name and Address of New Registered Agent

**PRATS, GABRIEL  
151 MAJORCA AVE  
CORAL GABLES FL 33134**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**P  
GONZALEZ, WILLIAM  
151 MAJORCA AVE  
CORAL GABLES FL**

1.2 NAME ☐ DELETE

STREET ADDRESS  
**VP  
TERRIER, JOSER M  
151 MAJORCA AVE  
CORAL GABLES FL**

1.3 CITY - ST - ZIP ☐ DELETE

1.4 CITY - ST - ZIP  
**DS  
TIKOMIROFF, SERGIO  
151 MAJORCA AVE  
CORAL GABLES FL 33134**

1.5 CITY - ST - ZIP ☐ DELETE

1.6 CITY - ST - ZIP  
**1.7 CITY - ST - ZIP**

1.8 CITY - ST - ZIP ☐ DELETE

1.9 CITY - ST - ZIP  
**1.10 CITY - ST - ZIP**

1.11 CITY - ST - ZIP ☐ DELETE

1.12 CITY - ST - ZIP  
**1.13 CITY - ST - ZIP**

1.14 CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jose M. Terrier**

**1/18/96**

Date

Daytime Phone #

CR2E034 (12/95)