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 # P94000002887 (5)

1. Corporation Name

BRASIL COM "S" INC.

Principal Place of Business

~~04 S.E. 2ND AVE.~~
~~#313~~
~~MIAMI FL 33131~~

Mailing Address

~~04 S.E. 2ND AVE.~~
~~#313~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/1994	05/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 11411 NW 7th ST	26 11411 NW 7th ST.	65-0461219	Applied For / Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 # 104	27 # 104		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 MIAMI, FL	28 MIAMI, FL		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No
24 33172	25 U.S	29 33172	30 US	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
CORDEIRO, LUIZ J ~~34 S.E. 2ND AVE.~~ ~~#313~~ ~~MIAMI FL 33131~~	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable) 11411 NW 7th ST.	
	83 # 104	
	84 City MIAMI FL	85 Zip Code 33172

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

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME CORDEIRO, LUIZ J		1.2 NAME		
STREET ADDRESS 11411 N.W. 7TH ST. #104		1.3 STREET ADDRESS		
CITY-ST-ZIP SWEETWATER FL		1.4 CITY-ST-ZIP		
TITLE ~~tr~~	☑ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME ~~RUIZ, DINEY C~~		2.2 NAME		
STREET ADDRESS ~~3245 VIRGINIA ST. #6104~~		2.3 STREET ADDRESS		
CITY-ST-ZIP ~~COCONUT GROVE FL 33133~~		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	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 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 on an attachment with an address.

SIGNATURE: _____   04/18/96   (305) 229-0243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #