

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000009092 (5)

1. Corporation Name

COTTON CLUB OF BRAZIL, INC.

Principal Place of Business

6070 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address

6070 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

2. Principal Place of Business

21 291 Via Rosada

Suite, Apt. #, etc

22 store# 45A

City & State

23 Boca Raton, FL

24 Zip 33432

25 Country USA

2a. Mailing Address

26 291 Via Rosada

Suite, Apt. #, etc

27 store# 45A

City & State

28 Boca Raton, FL

29 Zip 33432

30 Country USA

4. FEI Number

65-0465341

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

9. Name and Address of Current Registered Agent

CAMARA, JOSENILZA M
6070 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
291 Via Naranjas, #45A

83 store# 45A

84 City

Boca Raton, FL

85 Zip Code

33432

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

Josenilza Camara

(NOTE: Registered Agent's signature required when registering)

5/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	CAMARA, JOSENILZA M
STREET ADDRESS	6070 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	S
NAME	ANDRADE, ZOILA
STREET ADDRESS	6070 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	D
NAME	GUIMARAES, ALESSANDRA S
STREET ADDRESS	6070 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	D
NAME	CAMARA, ROBERTO
STREET ADDRESS	6070 N. FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	PT	XX Change	☐ Addition
12 NAME	Camara, Josenilza M.		
13 STREET ADDRESS	23486 Torre Cir.		
14 CITY - ST - ZIP	Boca Raton, FL 33433		
21 TITLE	S	XX Change	☐ Addition
22 NAME	Alessandra Guimaraes		
23 STREET ADDRESS	5670 N.W. 74th. Place, #205		
24 CITY - ST - ZIP	Coconut Creek, FL 33073		
31 TITLE	D	XX Change	☐ Addition
32 NAME	Guimaraes, Alessandra S.		
33 STREET ADDRESS	5670 N.W. 74th. Place #205		
34 CITY - ST - ZIP	Coconut Creek, FL 33073		
41 TITLE	D	XX Change	☐ Addition
42 NAME	Camara, roberto		
43 STREET ADDRESS	5670 N.W. 74th. Place #205		
44 CITY - ST - ZIP	Coconut Creek, FL 33073		
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
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 110.07(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:

Alessandra S. Guimaraes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/95

Date

(Type or Print Name)