

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 22 AM 10:19

DOCUMENT # P94000011432 (9)

1. Corporation Name

AMERIBRAS INTERNATIONAL CORP.

Principal Place of Business

9999 SUMMERBREEZE DRIVE
#409
SUNRISE FL 33322

Mailing Address

9999 SUMMERBREEZE DRIVE
#409
SUNRISE FL 33322

000001521270

-06/23/95--01003--015

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 8410 NW 61st ST

Suite, Apt. #, etc

22

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8410 NW 61st ST

Suite, Apt. #, etc

27

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 USA

4. FEI Number

65-0479070

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. 193.032

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEDES, WILSON

9999 SUMMERBREEZE DR.

#409

SUNRISE FL 33322

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

Signature (Typed or printed name of registered agent and the corporation)

Signature (Typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MENDES, WILSON
STREET ADDRESS 9999 SUMMERBREEZE DR. 409
CITY, ST, ZIP SUNRISE FL 33322

TITLE STD
NAME MENDES, JEANETE V
STREET ADDRESS 9999 SUMMERBREEZE DR. 409
CITY, ST, ZIP SUNRISE FL 33322

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILSON MENDES 4/28/95 (305) 639-9541