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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011432 (9)

1. Corporation Name

AMERIBRAS INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

8410 NW 61ST. ST
MIAMI FL 33166

8410 NW 61ST. ST
MIAMI FL 33166

2. Principal Place of Business

21 7938 NW 66 Street

2a. Mailing Address

26 7938 NW 66 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip 33166

Country

25 U.S.

Zip 33166

Country

30 U.S.

9. Name and Address of Current Registered Agent

MENDES, WILSON
9999 SUMMERBREEZE DR.
#409
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

WILSON MENDES

82 Street Address (P.O. Box Number is Not Acceptable)

10920 NW 3rd STREET

83

84 City

PLANTATION

85

Zip Code

33324

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)

04/23/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MENDES, WILSON
1.3 STREET ADDRESS 10920 NW 3rd STREET
1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME MENDES, JEANETE V
2.3 STREET ADDRESS 10920 NW 3rd STREET
2.4 CITY-ST-ZIP PLANTATION, FL 33324

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 on an attachment with an address.

SIGNATURE: *De Lamp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/96

305 639 9571
Daytime Phone

CR2E034 (12/95)