

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027493 (3)

1. Corporation Name

THE BRAZILIAN POST CORPORATION

Principal Place of Business

**25 S.E. 2ND AVE.
SUITE 1237
MIAMI FL 33131**

Mailing Address

**25 S.E. 2ND AVE.
SUITE 1237
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0490384

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CASTRO, ANTONIO C
25 SE 2ND AVE
SUITE 1225
MIAMI FL 33131**

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTRO, ANTONIO C
STREET ADDRESS	25 SE 2ND AVE SUITE 1225
CITY, ST, ZIP	MIAMI FL 33131
TITLE	D
NAME	BORGES, CARLOS C
STREET ADDRESS	465 W PARK DR
CITY, ST, ZIP	MIAMI FL 33172
TITLE	D
NAME	DIAS, AGNALDO R
STREET ADDRESS	780 NE 60TH ST SUITE 1503
CITY, ST, ZIP	MIAMI FL 33138
TITLE	D
NAME	PERITO, ANTONIO R
STREET ADDRESS	780 NE 60TH ST SUITE 1503
CITY, ST, ZIP	MIAMI FL 33138
TITLE	D
NAME	ICKOWICZ, LEO
STREET ADDRESS	300 ARTHUR G. JOFFREY RD SUITE 208
CITY, ST, ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	LEAO, SINVAL ITACARAMBI	
1.3 STREET ADDRESS	3415 - INDIAN CROWDR #1304	
1.4 CITY, ST, ZIP	MIAMI - FL 33141	
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)(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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (If new)

4/28/95 305 374-7042