SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000040939 (8)

MONTE & PAIVA, INC.

FILED Sep 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				4 - HOOLINDS TON ON SILES ON THE ORIGINAL	4 EBTII BIBIT BBIIR 38100 HUIF 1010 IKAI
8120 BANYAN BLVD. SUITE 115 ORLANDO FL 32818		8120 BANYAN BLVD. SUITE 115 ORLANDO FL 32818		DO NOT WRITE	
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal P	lace of Business	2a. Mailing Address		05/26/1994 4. FEI Number	04/23/1996
21 8/20	BANYAN R	32UD26 8120 BAN	YAN BLY	ı s k	Applied For
Sulte, Apt.		Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 0 59-3242393	Not Applicable \$8.75 Additional
22 City & State		27		5. Certificate of Status Desired	Fee Required
23 02 6	ANDO FC	City & State 28 OD CANDO		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 2328	19 25 US /	7. 29 32818 30	Country USA:	This corporation owes or has paidersonal Property Tax due June	30. ☐ Yes ☐ No
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
MONTES, VANDRLEI 81 Name Australia				DERLEI MOI	U765
8120 BANYAN BLVD. 82 S				ess (P.O. Box Number is Not Acceptable	
				BANYAN BL	VI3
OR	LANDO FL 32818		83		
			84 6/2 (1	92DO	FL 85 Zio 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent.					
SIGNATURE Signature what of required agent and life if graphcable (NOTE Registered Agent signature required when reinstating)					
12.	OFFIC	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TALE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	MONTES, VANDERLE		1.2 NAME		2
STREET ADDRESS	8120 BANYAN BLYO		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		L Change Addition C
NAME	MONTES, CLEINIR P		2.2 NAME		
STREET ADDRESS	8120 BANYAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	T onere	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34. CITY-ST-ZIP		Change Address
NAME			4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	· - · · · · · · · · · · · · · · · · · ·	☐ DEŁETE	5.1 TITLE		☐ Change ☐ Acdition
NAME			5.2 NAME		Change Li Aconton
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		the comment of the second
STREET ADDRESS	$\overline{}$		6.3 STREET ADDRESS		
CITY-ST-ZIP	<i>(</i>)	\	6.4 CHY-ST-ZIP		
	y certify that the information	supplied with this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i). Florida Statutes	I further certify that the

report or supplemental annual report is true and accurate and that my signatives shall have the same legal effect as if made under oath; that portation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name larged or on an attachment with an address. information indicated on this annu I am an officer or director of the appears in Block 12 or Block 13