FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
98 JAN 15 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047297 (4)**

1. Corporation Name
PREVIPLAN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5850 LAKEHURST DRIVE 150-25 ORLANDO FL 32819 US	5850 LAKEHURST DRIVE 150-25 ORLANDO FL 32819-8368 US

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 RUA RAMOS BATISTA, 152
22 Suite, Apt. #, etc. 5 ANDAR
23 City & State: SÃO PAULO - SP
24 Zip: 01000
25 Country: BRAZIL

2a. Mailing Address
26 7061 Grand NAT'L DR.
27 Suite, Apt. #, etc. #131
28 City & State: ORLANDO, FL.
29 Zip: 32819
30 Country: US

4. FEI Number: 59-3252391 ☐ 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

SUTTON, DONALD A
5850 LAKEHURST DR.
SUITE 100
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: CARLOS AUGUSTO ABDALA
82 Street Address (P.O. Box Number is Not Acceptable): 7061 GRAND NATIONAL DR.
83 SUITE 131
84 City: ORLANDO FL 85 Zip Code: 32819

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: Carlos A. Abdala — Jan 13 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BUCCHI, WADICO W 5850 LAKEHURST DR., STE.150-25 ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP BUCCHI, WADICO W RUA RAMOS BATISTA, 152-5 ANDAR SÃO PAULO, SP, BRAZIL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WADICO BUCCHI RUA RAMOS BATISTA, 152-5 ANDAR SAO PAULO SP BR	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	100002405991--5 -01/21/98--01014--020 ****908.75 ****908.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO CARDUSO, LUIZ 5850 LAKEHURST DR., STE.150-25 ORLANDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DCEO CARDOSO, LUIZ RUA RAMOS BATISTA, 152-5 ANDAR SÃO PAULO, SP, BRAZIL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	**REINSTATEMENT 97-98** ☐ Change ☐ Addition SC 1-16-98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Luiz CARDOSO DCEO 10/20/1997