Sent By: J.H. MACDANIEL LAW FIRM; 3053747087; 19

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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051397

1. Corporation Name

AUSTRAL VIAGENS COMPANY, INC.

Principal Place of Business	Mailing Address
111 N.E. 1st Street Suite 804 Miami, FL 33012	111 N.E. 1st Street Suite 804 Miami, FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	111 N.E. 1st Street	26	111 N.E. 1st Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	804	27	804
City & State		City & State	
23	Miami, FL	28	Miami, FL
Zip	Country	Zip	Country
24	33012 25 USA	29	33012 30 USA

3. Date Incorporated or Qualified: 07/12/94

4. FEI Number: 65-0504356 ☐ 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 owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN M. MACDANIEL, P.A.

One Biscayne Tower Suite 2975

Two S. Biscayne Blvd. -

Miami, FL 33131

10. Name and Address of New Registered Agent

91 Name

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

93

94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
P/VP/S/T Da Silva, Ari Av. 4 de Fevereiro # 5 RC - Centro / Angola	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	
	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: x Ari da Silva APRIL 20, 1999 x(305) 377 0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #