

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 1 PM 7:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065570 (1)**

1. Corporation Name

**EXCALIBUR INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

~~7905 NW 60TH STREET--~~  
~~MIAMI FL 33166-----~~

~~7905 NW 60TH STREET--~~  
~~MIAMI FL 33166-----~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/07/1994

4. FEI Number

65-0519155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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 1181 SOUTH ROGERS CIRCLE

2a. Mailing Address  
26 1181 SOUT ROGERS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT # 11  
City & State

27 UNIT # 11  
City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

24 Zip 33487

25 Country U.S.A.

29 Zip 33487

30 Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARA, JOSE L  
7905 NW 60TH STREET  
MIAMI FL 33166-----

81 Name

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

1181 SOUTH ROGERS CIRCLE -UNIT # 11

83

84 City BOCA RATON

85 FL

86 Zip Code 33487

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 (print or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when necessary

GATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P
NAME	VARA, JOSE L
STREET ADDRESS	RUA PROF. MENDES PIMENTAL STE. 340
CITY - ST - ZIP	SAO PAULO, BRAZIL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S LAURA FUZIHARA
2.3 STREET ADDRESS	1181 SOUTH ROGERS CIRCLE -UNIT # 11
2.4 CITY - ST - ZIP	BOCA RATON, FL 33487
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X JOSE L. VARA PRESIDENT

3/13/95

(407) 998-4714

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

Telephone Number

JOSE L. VARA