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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400065570 (1)

EXCALIBUR INTERNATIONAL, INC.

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Jan 27 1998 8:00am
Secretary of State

| Principal Plac                                                                                                                                                                                                                                                                                                            | ce of Business                                                                                                    | Mailin                               | g Address                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              | 1161                                  | !!!@U3   #  B \$  B B   £    #          | LLOS B.B.(3) #0.110 | STANDS OFFIDE BUILDS            |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------|---------------------------------|----------------------------------------|
|                                                                                                                                                                                                                                                                                                                           | I ROGERS CIRCLE                                                                                                   |                                      | SOUTH ROGERS                           | CIRCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                              |                                       |                                         |                     |                                 |                                        |
| UNIT #11<br>BOCA RATO                                                                                                                                                                                                                                                                                                     | IN EL 23497                                                                                                       | UNIT                                 | #11<br>A RATON FL 3348                 | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                              |                                       | DO NOT W                                | RITE IN TH          | IS SPACE                        |                                        |
| US                                                                                                                                                                                                                                                                                                                        | N 12 33407                                                                                                        | US                                   | TATON FL 3346                          | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |                                                              | 3. Date I                             | ncorporated or Qualif                   |                     | IO OI AOL                       |                                        |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              | 09/0                                  | 7/1994                                  |                     |                                 |                                        |
| $\vdash$                                                                                                                                                                                                                                                                                                                  | Place of Business                                                                                                 | <del></del>                          | uling Address                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              | 4. FEI N                              |                                         |                     |                                 | Applied For                            |
| 21                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | 26                                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              | 65                                    | 0519155                                 |                     |                                 | Not Applicable                         |
| Suite, Apt                                                                                                                                                                                                                                                                                                                | . #, etc.                                                                                                         | 27 Sui                               | ite, Apt. #, etc.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              | 5. Certific                           | cate of Status Desired                  | a 🗆                 |                                 | 5 Additional<br>Required               |
| City & Sta                                                                                                                                                                                                                                                                                                                | tte                                                                                                               |                                      | y & State                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              | 6. Election                           | n Campaign Financir                     | ng                  | \$5.0                           | 00 May Be                              |
| 23                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | 28                                   |                                        | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                              | Trust F                               | und Contribution                        |                     | Adde                            | ed to Fees                             |
| Zip                                                                                                                                                                                                                                                                                                                       | Country                                                                                                           | Zip                                  | )                                      | Cour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ntry                                                                                                    |                                                              |                                       | orporation owes or ha                   |                     |                                 |                                        |
| 24                                                                                                                                                                                                                                                                                                                        | 9. Name and Address of Curre                                                                                      | 29<br>ent Registere                  | d Agent                                | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | <del></del>                                                  |                                       | nal Property Tax due and Address of New |                     | Yes Yes                         | ∐ No                                   |
| VA                                                                                                                                                                                                                                                                                                                        | ARA. JOSE L                                                                                                       |                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 81                                                                                                      | Name                                                         | IO. Hante                             | una Addicas of Nev                      | w riegistere        | u Agent                         |                                        |
| 1                                                                                                                                                                                                                                                                                                                         | 181 SOUTH ROGERS CIRCLE. U                                                                                        | JNIT # 11                            |                                        | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                              | ress (P.O. Bo)                        | Number is Not Acce                      | eptable)            |                                 |                                        |
| BC                                                                                                                                                                                                                                                                                                                        | DCA RATON FL 33487                                                                                                |                                      |                                        | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                              | · · · · · · · · · · · · · · · · · · · |                                         | ·                   |                                 |                                        |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83                                                                                                      |                                                              |                                       |                                         |                     |                                 |                                        |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 84                                                                                                      | City                                                         |                                       |                                         |                     | 85 Zi                           | p Code                                 |
| 11. Pursuant                                                                                                                                                                                                                                                                                                              | to the provisions of Sections 607.05                                                                              | 502 and 607.1                        | 508. Florida Stati                     | utes, the ab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OVE-r                                                                                                   | named corr                                                   | noration subm                         | its this statement for t                | the nurnoss         |                                 | r ite ragietorad                       |
| office or I                                                                                                                                                                                                                                                                                                               | to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli | te of Florida, S                     | Such change was                        | authorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | by t                                                                                                    | he corporat                                                  | tion's board of                       | directors. I hereby a                   | ccept the a         | ppointment                      | as registered                          |
| ì                                                                                                                                                                                                                                                                                                                         | an remak with and accept the obii                                                                                 | igations of, se                      | Clion doz.dogo, r                      | Torica State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | iles.                                                                                                   |                                                              |                                       |                                         |                     |                                 |                                        |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                              |                                       |                                         |                     |                                 |                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                 | Signature, typed or printed name of registered as                                                                 | gent and title if app                | licable. (NC                           | DTE: Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agent                                                                                                   | signature requir                                             | red when reinstating                  | 3)                                      | DATE                |                                 | <del></del>                            |
| 12.                                                                                                                                                                                                                                                                                                                       |                                                                                                                   | gent and title if app<br>ND DIRECTOF |                                        | OTE: Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agent                                                                                                   | signature requir                                             | ired when reinstating                 | DNS/CHANGES TO O                        |                     |                                 | ORS IN 12                              |
| 12.<br>TITLE                                                                                                                                                                                                                                                                                                              | OFFICERS AND D                                                                                                    |                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | signature requir                                             |                                       |                                         |                     |                                 |                                        |
| 12.                                                                                                                                                                                                                                                                                                                       | OFFICERS AND VARA, JOSE L                                                                                         | ND DIRECTOR                          | RS DELETE                              | 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ē                                                                                                       | signature requir                                             |                                       |                                         |                     | ND DIRECTO                      |                                        |
| 12.<br>TITLE                                                                                                                                                                                                                                                                                                              | OFFICERS AI<br>D<br>VARA, JOSE L<br>RUA PROF. MENDES PIMEN                                                        | ND DIRECTOR                          | RS DELETE                              | 13.<br>11 TIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LĒ<br>VIE                                                                                               |                                                              |                                       |                                         |                     | ND DIRECTO                      |                                        |
| 12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST- ZIP                                                                                                                                                                                                                                                                  | OFFICERS AT  D  VARA, JOSE L  RUA PROF. MENDES PIMEN  SAO PAULO, BRAZIL                                           | ND DIRECTOR                          | OBLETE                                 | 13.<br>1 1 TITL<br>1.2 NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lé<br>Vie<br>Beet ac                                                                                    | DORESS                                                       |                                       |                                         |                     | ND DIRECTO                      |                                        |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                           | OFFICERS AI<br>D<br>VARA, JOSE L<br>RUA PROF. MENDES PIMEN<br>SAO PAULO, BRAZIL<br>S                              | ND DIRECTOR                          | RS DELETE                              | 13.<br>1 1 TITL<br>1.2 NAM<br>1.3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LE<br>VIE<br>REET AC<br>Y-ST-:                                                                          | DORESS                                                       |                                       |                                         |                     | ND DIRECTO                      | e Addition                             |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                      | OFFICERS AI<br>D<br>VARA, JOSE L<br>RUA PROF. MENDES PIMEN<br>SAO PAULO, BRAZIL<br>S<br>LAURA FUZIHARA            | ND DIRECTOR                          | DELETE  DELETE                         | 13.<br>11 TITL<br>1.2 NAA<br>1.3 SYA<br>1.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | le<br>Me<br>Meet ac<br>Y-St-;<br>E                                                                      | DORESS                                                       |                                       |                                         |                     | ND DIRECTO                      | e Addition                             |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                       | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  DELETE                         | 13.<br>11 TITU<br>1.2 NAM<br>1.3 STH<br>1.4 CIT<br>2.1 TITU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LE<br>ME<br>REET AL<br>Y-ST-:<br>E<br>ME                                                                | DORESS<br>ZIP                                                |                                       |                                         |                     | ND DIRECTO                      | e Addition                             |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                           | OFFICERS AI<br>D<br>VARA, JOSE L<br>RUA PROF. MENDES PIMEN<br>SAO PAULO, BRAZIL<br>S<br>LAURA FUZIHARA            | ND DIRECTOR                          | DELETE  40  DELETE  11                 | 13. 11 TITI 1.2 NAM 1.3 STM 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR 2.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LE<br>ME<br>Y-ST-<br>E<br>ME<br>ME<br>EET AD                                                            | DORESS<br>ZIP<br>DORESS                                      |                                       |                                         |                     | ND DIRECTO                      | e                                      |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                     | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  DELETE                         | 13. 11 TITL 1.2 NAM 1.3 STM 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LE ME Y-ST- E ME EET AD Y-ST- EET AD                                                                    | DORESS<br>ZIP<br>DORESS                                      |                                       |                                         |                     | ND DIRECTO                      | e                                      |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11                 | 13. 11 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LE ME Y-ST-: E ME EET AD Y-ST-: EET AD                                                                  | DORESS<br>ZIP<br>DORESS<br>-ZIP                              |                                       |                                         |                     | ND DIRECTO                      | e                                      |
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                                                                                                                                          | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11                 | 13. 11 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LE ME Y-ST-: E ME EET AD Y-ST- E  T E T E                                                               | DORESS ZIP DORESS ZIP DORESS DORESS                          |                                       |                                         |                     | ND DIRECTO                      | e                                      |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                               | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LE ME ME Y-ST- E ME EET AD Y-ST- E ME EET AD Y-ST- E XE EET AD                                          | DORESS ZIP DORESS ZIP DORESS DORESS                          |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition           |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                         | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11                 | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LE ME                                                               | DORESS ZIP DORESS ZIP DORESS DORESS                          |                                       |                                         |                     | ND DIRECTO                      | Addition  Addition  Addition           |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                    | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LE ME M                                                             | DODRESS ZIP DORESS ZIP DORESS ZIP                            |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition           |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                     | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LE  ME  Y-ST-: E  ME  EET AD  Y-ST- E  EET AD  EET AD  ME  ME  ME  ME  ME  ME  ME  ME  ME  M            | DODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP                 |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition           |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                         | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LE  ME  Y-ST-; E  ME  EET AD  EET AD  Y-ST- E  ME  EET AD  Y-ST-  E  ME  ME  ME  ME  ME  ME  ME  ME  ME | DODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP                 |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition  Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                       | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITN 5.1 TITL 5. | LE ME Y-ST-: E ME EET AD                              | DODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP                 |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition  Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                               | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LE ME                                                               | DODRESS ZIP DODRESS ZIP DODRESS ZIP DODRESS ZIP              |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition  Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                         | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LE ME ME Y-ST-; E ME M                                                 | DODRESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition  Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP       | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  DELETE  DELETE  DELETE  DELETE | 13. 11 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITL 5.2 NAM 5.3 STR 5.4 CITY 5.5 NAM 5.3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LE MME MME MME MME MME MME MME MME MME M                                                                | DODRESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  |                                       |                                         |                     | ND DIRECTO Change Change Change | Addition  Addition  Addition  Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                         | OFFICERS AND D VARA, JOSE L RUA PROF. MENDES PIMEN SAO PAULO, BRAZIL S LAURA FUZIHARA 1181 SOUTH ROGERS CIRC      | ND DIRECTOR                          | DELETE  40  DELETE  11  DELETE         | 13. 11 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LE ME                                                               | DODRESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  |                                       |                                         |                     | ND DIRECTI Change Change        | Addition  Addition  Addition  Addition |
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14. I hereby certify that the information supplied with this fling 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:

IGNIFICAÇÃO TESTA DE TRANSPORTA

01/16/98

R2E034 (10/97)