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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065570

1. Corporation Name

EXCALI	BUR INTERNATIONAL, INC								
Principal Plac	ce of Business	Mailing Address				1 1000110001 1100 10111 01011 00111 01		REIMT MISMS Metre 11	9841 9911 FBB1
	ROGERS CIRCLE UNIT 3/ FL 33487	UNIT 31	IBI SOUTH ROGERS CIRCLE NIT 31 OCA RATON FL 33487			DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifect				
L		1 2 44-95- A 34-				09/07/1994 4. FEI Number		An	plied For
⊢ '	Place of Business	2a. Mailing Addr	H			65-05 19 155		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A		
22		27				5. Certificate of Status Desired		Fee Re	
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.00	May Be
23	•••	28				Trust Fund Contribution		Added to	,
Zip	Country	Zip	Co	untry		8. This corporation owes the cur	rent year Int	angible	
24	25	29	30			Personal Property Tax.	_	☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent			,	10. Name and Address of New	Registered	Agent	
				81	Name				
VAF	VARA, JOSE L					ess (P.O. Box Number is Not Accept	able)		
1181 SOUTH ROGERS CIRCLE. UNIT # 34 # 3/					0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
BOCA RATON FL 33487									
•				84	City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t								<u> </u>	
	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such chan gations of, Section 607.0	ge was authonze 0505, Florida Sta	tutes	the corporation.	on's board of directors. I hereby acce	pt the appoi	ntment as reg	jistered
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D		ELETE 1,11	MLE				Change	☐ Addition
NAME	VARA, JOSE L		1.21	NAME					
STREET ADDRESS	s Rua Prof. Mendes Pimen	TAL STE. 340	1.3 \$	STREET	F ADDRESS				
CITY-ST-ZIP	SAO PAULO, BRAZIL		1,4 (CITY-S	T-ZIP				
TITLE	S	D	ELETE 2.1	MLE				Change	Addition
NAME	LAURA FUZIHARA		2.21	AWE					
STREET ADDRESS	s 1181 South Rogers Circi	LE- UNIT # 11	2.3 5	TREET	TADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4	спу-ѕ	T-ZIP				
TITLE			ELETE 3.1	TITLE -		The second of th	~~···· =_ -	Change	Addition
NAME	1		3.21	NAME					
STREET ADDRESS	s		3.3	STREET	T ADDRESS				
CITY-ST-ZiP				CITY-S	ST-ZIP				
TITLE		□ D	ELETE 4.1	TITLE				Change	☐ Addition
NAME	1		4, 2	NAME	\	. •			
STREET ADDRES	s		4.3	STREE	TADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		D		TTLE			•	☐ Change	☐ Addition
1	1		5.21	NAME	ł				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition