

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

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074457 (0)**

BRASIL CITY, INC.

21. Mailing Address
**9250 W. ATLANTIC BLVD.
#924
CORAL SPRINGS FL 33071**

22. Mailing Address
**9250 W. ATLANTIC BLVD.
#924
CORAL SPRINGS FL 33071**

(Use for Filing Fee's SPACE)

3. Date incorporated or organized
10/07/1994

3a. Date of Last Report

4. FCI Number
65 - 0538 520

Applied For
Not Applicable

5. Certificate of Status Required ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. Does corporation have liability for state income tax under Florida Statutes? ☐ Yes ☒ No

2. Mailing Address
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARIGNANO, PEDRO L
9250 WEST ATLANTIC BLVD.
#924
CORAL SPRINGS FL 33071**

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 609 and 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required in part 9 (b) of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not at this time subject to any suspension or disqualification under Florida Statutes.

Signature

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
**PST
CARIGNANO, PEDRO L
9250 W. ATLANTIC BLVD., #924
CORAL SPRINGS FL 33071**

1. NAME
1. STREET ADDRESS
1. CITY, STATE, ZIP

2. NAME
2. STREET ADDRESS
2. CITY, STATE, ZIP

3. NAME
3. STREET ADDRESS
3. CITY, STATE, ZIP

4. NAME
4. STREET ADDRESS
4. CITY, STATE, ZIP

5. NAME
5. STREET ADDRESS
5. CITY, STATE, ZIP

6. NAME
6. STREET ADDRESS
6. CITY, STATE, ZIP

7. NAME
7. STREET ADDRESS
7. CITY, STATE, ZIP

8. NAME
8. STREET ADDRESS
8. CITY, STATE, ZIP

14. I, the undersigned, certify that this document is prepared with the filing of voluntarily furnished and does not qualify for the exemption stated in Sections 609 and 607, Florida Statutes. I further certify that this document is included in the annual report or supplemental annual report of this corporation and that my signature shall be a true and correct copy of the same as it appears on the original of the corporation or the person or persons who prepared the report as required by Chapter 607, Florida Statutes, and that my office is at the address shown on the original of the report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR