

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084885 (0)

1. Corporation Name:

THE CARTHEL COMPANY OF THE PALM BEACHES, INC.

Principal Place of Business:

31 CAMBRIA ROAD WEST
PALM BEACH GARDENS FL 33418

Mailing Address:

31 CAMBRIA ROAD WEST
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/21/1994

4. FIC Number

Applied For

65-0534855

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSNER, MICHAEL J
1555 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH FL 33401

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.05(6) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(6), Florida Statutes.

SIGNATURE

(Signature of Officer or Director must be signed and dated before filing)

(Signature of Registered Agent must be signed and dated before filing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (12)

01 NAME
02 STREET ADDRESS
03 CITY, ST, ZIP
04 NAME
05 STREET ADDRESS
06 CITY, ST, ZIP
07 NAME
08 STREET ADDRESS
09 CITY, ST, ZIP
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP
13 NAME
14 STREET ADDRESS
15 CITY, ST, ZIP
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

01 NAME
02 STREET ADDRESS
03 CITY, ST, ZIP
04 NAME
05 STREET ADDRESS
06 CITY, ST, ZIP
07 NAME
08 STREET ADDRESS
09 CITY, ST, ZIP
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP
13 NAME
14 STREET ADDRESS
15 CITY, ST, ZIP
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in the laws 119.017(1)(a), Florida Statutes. I further certify that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an officer, director or an addressee.

SIGNATURE:

Mary M. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-95

407-627-1810

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montano
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED

DOCUMENT # P94000085129 (2)

1. Corporation Name

VOUCHER TRADING, CORP.

11/22/1994

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Office of Corporation		Mailing Address	
141 NE 3RD AVE #208 MIAMI FL 33132		141 NE 3RD AVE #208 MIAMI FL 33132	

2. Filing Date of Report	2a. Mailing Address
21	26
State: FL	State: FL
22	27
City: Miami	City: Miami
23	28
Zip: 33132	Zip: 33132
24	29
30	

3. Date of Incorporation	3a. Date of Last Filing
11/22/1994	
4. FFI Number	Applied For
65.0535332	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
7. This corporation has liability for intangible tax under S. 196.001, Florida Statutes.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
DE OLIVEIRA, CARLOS R 141 NE 3RD AVE #208 MIAMI FL 33132	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is not acceptable)	
83	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), Florida Statutes, the above named corporation solemnly declares for the purpose of changing its registered office as required under the provisions of the Statute that its last change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, I am hereby withdrawing from the office of Secretary of State, Florida Statutes.

SIGNATURE: CARLOS RENATO OLIVEIRA, 05/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPTS DE OLIVEIRA, CARLOS R % 141 NE 3RD AVE #208 MIAMI FL 33132	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	DR JUNIOR, PLINIO B. DE SOUZA
STREET ADDRESS		STREET ADDRESS	121 SE 1ST S. #909.
CITY		CITY	MIAMI - FL - 33131
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 192.05(2)(a), 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 said, as officer or director of this 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 of changes to officers and directors with an address.

SIGNATURE: 05/11/95 305-377-0090

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

23375

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Tallahassee, FL 32399-4400

APPROVED
AND
FILED

DOCUMENT # P94000085397 (5)

1. Corporation Name

BRAZIL INTERNATIONAL TRADING, INC

MAY 16 11 8:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address	
245 SE 1 ST SUITE 434 MIAMI FL 33131		245 SE 1 ST SUITE 434 MIAMI FL 33131	
21. Fiscal Year End Date		26. Mailing Address	
22. Fiscal Year End Date		27. Mailing Address	
23. City & State		28. City & State	
24. City		29. City	
25. State		30. State	

3. Date of Report or Period	3a. Date of Last Report
11/21/1994	
4. FEI Number	Apply Fee
65-0540764	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Election Campaign Financing	
8. This corporation has liability for intangible tax under S. 194.042	
Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHIERHOLT, CLAUDETE 8101 BYRON AVE #305 MIAMI BEACH FL 33141		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607 (3)(b) and 607 (3)(b), Florida Statutes, the above signed corporation submits this statement for the purpose of changing its registered office or its principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (3)(b), Florida Statutes.

SIGNATURE: *x Claudete Schierholt* 5/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	D SCHIERHOLT, CLAUDETE	1. NAME	
2. STREET ADDRESS	245 SE 1 ST SUITE 434	2. STREET ADDRESS	
3. CITY & STATE	MIAMI FL 33131	3. CITY & STATE	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607 (3)(b), 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 any officer or director of the corporation or the person or persons who prepared or caused this report to be prepared by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing are not changed or are not affected with an address.

SIGNATURE: *x Claudete Schierholt* 5/11/95 (305) 861-3467