

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 AUG -5 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001520 (2)

1. Corporation Name

ASCOT INTERNATIONAL CORPORATION



Principal Place of Business

8000 WEST DRIVE #305
N BAY VILLAGE FL 33141

Mailing Address

8000 WEST DRIVE #305
N BAY VILLAGE FL 33141

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MATTOS-ROCHA, CARLOS R
8000 WEST DRIVE #305
N BAY VILLAGE FL 33141

81 Name

SERGIO BROCK

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

8290 LAKE DRIVE

83

APT # 236

84

City

MIAMI

FL

85

Zip Code
33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0502, Florida Statutes.

SIGNATURE

Sergio Brock

Signature typed or printed name of registered agent (if not applicable)

Print the Registered Agent's name and address (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	MATTOS-ROCHA, CARLOS R	
STREET ADDRESS	8000 WEST DRIVE #305	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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

SIGNATURE:

Carlos R. Mattos-Rocha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 305-822-2024

CR2E034 (12/95)