

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 SEP 17 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000001520
1. Corporation Name

ASCOT INTERNATIONAL CORPORATION

Principal Place of Business 8000 WEST DRIVE # 305 NORTH BAY VILLAGE FL 33141	Mailing Address 8000 WEST DRIVE #305 NORTH BAY VILLAGE 33141
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3. Date Incorporated or Qualified 1/6/95	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 65-0544626 5. Certificate of Status Desired ☒ 5.00 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	Applied For Not Applicable
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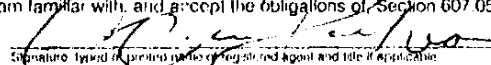
9. Name and Address of Current Registered Agent

CARLOS R. MATTOS-ROCHA
8000 WEST DRIVE # 305
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

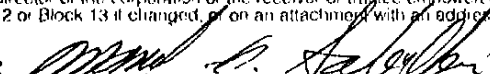
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 607.0505, Florida Statutes.

SIGNATURE:  DATE: 9/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, T	11. TITLE	☐ Change ☐ Addition
NAME	CARLOS R. MATTOS ROCHA	12. NAME	200002298242-3
STREET ADDRESS	8000 WEST DRIVE # 305	13. STREET ADDRESS	-03/19/97-01085-001
CITY-STATE-ZIP	NORTH BAY VILLAGE FL 33141	14. CITY-STATE-ZIP	****173.75 ****173.75
TITLE	S	21. TITLE	☐ Change ☐ Addition
NAME	SERGIO ABDRE BROCK	22. NAME	
STREET ADDRESS	8290 LAKE DRIVE #236	23. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33166	24. CITY-STATE-ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do 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. 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:  DATE: 9/28/97 305-553-4333