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AND
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08192

1996 MAY -1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000003010 (2)

1. Corporation Name

SCI TRADING, CORP.

Principal Place of Business

701 BRICKELL AVE.
SUITE 1600
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
SUITE 1600
MIAMI FL 33131

2. Principal Place of Business

21 1221 Brickell Av.

Suite, Apt. #, etc.

22 Suite 2307

City & State

23 MIAMI Florida

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1221 Brickell Av.

Suite, Apt. #, etc.

27 21st. Floor

City & State

28 MIAMI Florida

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

4. FET Number

Applied For

Applied For

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

9. Name and Address of Current Registered Agent

MIRANDA, PAULO C
701 BRICKELL AVE.
SUITE 1600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MIRANDA, PAULO C.

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

1221 Brickell Avenue

83

21st. Floor

84 City

MIAMI

FL

85 Zip Code

33131

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Paulo C. Miranda

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

April 15, 1996

12. OFFICERS AND DIRECTORS

TITLE D
NAME DE SA, JOSE LUIZ F
STREET ADDRESS RUA VISCONDE DE INHAUMA, 77/1801
CITY-ST-ZIP RIO DE JANEIRO, BRAZIL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

305-579-0791

Date

Daytime Phone #

CR2E034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

pg 2 of 2



PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 0721000000032

REFERENCE : 936600 4303929

AUTHORIZATION :

Patricia Pizzit

COST LIMIT : \$ 200.00

ORDER DATE : April 30, 1996

ORDER TIME : 12:05 PM

ORDER NO. : 936600

CUSTOMER NO: 4303929

CUSTOMER: Myrna Norman, Legal Asst
Greenberg Traurig Hoffman
20th Floor
1221 Brickell Avenue
Miami, FL 33131-3230

DOMESTIC FILINGS

NAME: SCI TRADING, CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper
EXAMINER'S INITIALS

Seal
5/1/96

RECEIVED
93 APR 30 PM 1:14
DIVISION OF CORPORATION

AW 4-30