

P9500003386
TRANSMITTAL LETTER
APR 26 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100001465811
-04/26/95--01109--003
****131.25 ****131.25

SUBJECT: BR-USA INTERNATIONAL CORPORATION, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: FRANK P. RIVERA & FRANKLIN MIRANDA SILAVA
Name (printed or typed)

7915 SW 104 ST; G-102

Address

MIAMI, FL 33156-3657

City, State & Zip

(305) 273-6243 or 273-5241

Daytime Telephone number

5/6/95
AS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 7 1993

ARTICLE I NAME

The name of the corporation shall be:

BR-USA INTERNATIONAL CORPORATION, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

**7915 SW 104 ST; G-102
Miami, FL 33156-3657
Phone: (305) 273-6243
Fax: (305) 273-5241**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred (100) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Annette M. Rivera
7915 SW 104 ST; G-102
Miami, FL 33156-3657**

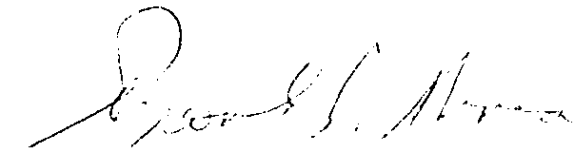
ARTICLE V INCORPORATORS

The names and addresses of the incorporators to these Articles of Incorporation are:

Franklin Miranda Silva
7915 SW 104 ST; G-102
Miami, FL 33156-3657

Frank T. Rivera
7915 SW 104 ST; G-102
Miami, FL 33156-3657

The undersigned incorporators have executed these Articles of Incorporation this
24 day of April, 1995


Franklin Miranda Silva
Frank T. Rivera

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BR-USA INTERNATIONAL COPORATION, INC.

2. The name and address of the registered agent and office is:

ANNETTE M. RIVERA

(NAME)

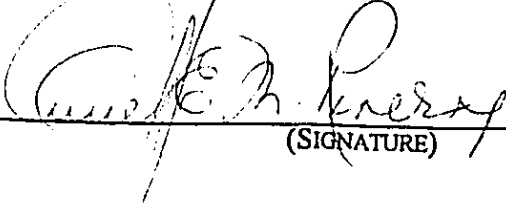
7915 SW 104 ST: G-102

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL 33156-3657

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

24 APRIL 1995

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 19 AM 10:17

mtu 10/1

DOCUMENT # P95000033862 (0)

BR-USA INTERNATIONAL CORPORATION, INC.



Principal Place of Business Mailing Address
7915 SW 104TH STREET STE. G-102
MIAMI FL 33156-3657

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc 26 Suite Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/26/1995
4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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
RIVERA, ANNETTE M
7915 SW 104TH STREET STE. G-102
MIAMI FL 33156-3657

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 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Date]*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT FRANKLIN MIRANDA SILVA 7915 SW 104 ST G-102 MIAMI, FL 33156
SECRETARY ANNETTE RIVERA 7915 SW 104 ST MIAMI, FL 33156
VICE PRESIDENT FRANK RIVERA 7915 SW 104 ST G-102 MIAMI, FL 33156
DELETE
DELETE
DELETE
DELETE
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, as an attachment with an address.

SIGNATURE: *[Signature]* DATE: *[Date]* DAYTIME PHONE: *[Phone Number]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR