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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000039886 (3)

1. Corporation Name

FOUNDATION USA BRAZIL, INC.

Principal Place of Business

900 WEST AVE., UNIT 429
MIAMI BEACH FL 33139

Mailing Address

900 WEST AVE., UNIT 429
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1995

4. FEI Number

65-0596984

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 910 West Ave.

Suite, Apt. #, etc.

22 Suite 518

City & State

23 Miami Beach FL

Zip

24 FL 33139

Country

2a. Mailing Address

26 910 West Ave.

Suite, Apt. #, etc.

27 Suite 518

City & State

28 Miami Beach, FL

Zip

29 33139

Country

30

9. Name and Address of Current Registered Agent

FERST, VERA
900 WEST AVE., UNIT 429
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Ferst, Vera

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

83 910 West Avenue Ste 518

84 City Miami Beach

FL

85 Zip Code

33139

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]

Signature of officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME SD
STREET ADDRESS FERST, LUIZ
CITY-ST-ZIP 900 WEST AVE., UNIT 429
MIAMI BEACH FL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS FERST, VERA
CITY-ST-ZIP 910 WEST AVE., UNIT 429 518
MIAMI BEACH FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS LESTER, SIMONE
CITY-ST-ZIP 910 WEST AVE., UNIT 429 518
MIAMI BEACH FL 33139

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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; 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

[Signature]

CR2E034 (10/97)