FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000040605 (4)

1. Corporation Name

EDGE INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
6728 N.W. 72ND AVE. MIAMI FL 33166	6728 N.W. 72ND AVE. MIAMI FL 33166

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

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report:

4. FEI Number: 65-0582262 ☐ 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

BETTIO, ELAINE C
6728 N.W. 72ND AVE.
MIAMI FL 33166

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, typed or printed name of individual signing and capacity or relationship DATE (If FL Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTD	☐ DELETE
NAME	VIANA, RENATO F	
STREET ADDRESS	999 S. BAYSHORE DR., #2008	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VSD	☐ DELETE
NAME	BETTIO, ELAINE C	
STREET ADDRESS	999 S. BAYSHORE DR., #2008	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	☐ DELETE
NAME	DE QUEIROZ CASSIANO , LUIZ R	
STREET ADDRESS	RUA BARAO DE SANTO ANGELO, 212	
CITY-ST-ZIP	PORTO ALEGRE RS, BRAZIL 90570-090	
TITLE	TD	☐ DELETE
NAME	SOARES MOSER, OTAVIO A	
STREET ADDRESS	RUA BARAO DE SANTO ANGELO, 212	
CITY-ST-ZIP	PORTO ALEGRE RS, BRAZIL 90570-090	
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	200001830982	
5.3 STREET ADDRESS	-05/20/96--01100--036	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
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: ELAINE C. BETTIO 04/25/96 (305)8632730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)