

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

PROFIT
CORPORATION
ANNUAL REPORT~~1999~~ 2000FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS** REINSTATEMENT **
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 18 AM 9:55

DOCUMENT # P95000042376

1. Corporation Name

GEDEOM, INC.

Principal Place of Business

1428 Brickell Avenue
Main Floor
Miami, Florida 33131

Mailing Address

REINSTATEMENT 96-00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 Brickell Key Drive
Suite, Apt. #, etc.
400City & State
Miami, FloridaZip Country
33131 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

05/31/95

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Julio E. Manguart, Esquire
1428 Brickell Avenue
Main Floor
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name
Nelson Slosbergas, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 Suite 400

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Melaos, Guilherme	
STREET ADDRESS	1428 Brickell Ave., Main Floor	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	Mello, Ruben Ometto Silveira	
STREET ADDRESS	501 Brickell Key Drive, suite 400 -	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Mello, Monica Mellao Silveira	
STREET ADDRESS	501 Brickell Key Drive, Suite 400	
CITY-ST-ZIP	Miami, florida 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000003372400--6
1.4 CITY-ST-ZIP	-08/24/00--01090--032
	***1350.00 ***1350.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #