

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000042475 (0)**

1. Corporation Name

US BRAZIL SERVICE AND INFORMATION NETWORK, INC.



Principal Place of Business

**11680 S.W. 57TH ST.
FT. LAUDERDALE FL 33330-4148**

Mailing Address

**11680 S.W. 57TH ST.
FT. LAUDERDALE FL 33330-4148**

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **520 LOCK RD.**

26 **520 LOCK RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 40**

27 **# 40**

City & State

City & State

23 **DEERFIELD BEACH, FL**

28 **DEERFIELD BEACH, FL**

Zip

Zip

Country

Country

24 **33442**

25 **USA**

29 **33442**

30 **USA**

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENKINS, GREGORY P
11680 S.W. 57TH ST.
FT. LAUDERDALE FL 33330-4148**

81 Name **JENKINS, GREGORY P**

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

520 LOCK RD. Apt. # 40

83

84 City **DEERFIELD BEACH**

FL

85 Zip Code
33442

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]

GREGORY P. JENKINS (VICE PRESIDENT)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P ☒ Change ☐ Addition
Louana Masters
520 LOCK RD. # 40
DEERFIELD BEACH, FL 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V ☐ Change ☐ Addition
GREGORY P. JENKINS
520 LOCK RD. # 40
DEERFIELD BEACH, FL 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *[Signature]* **GREGORY P. JENKINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

DATE

954-434-8462

DAYTIME PHONE

CR2E034 (12/95)