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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044219

VITOR & EDSON INVESTMENT CORP.

Principal Place of Business	Mailing Address		
13048 S.W. 133RD ROAD COURT	13048 S.W. 133RD ROAD COURT		
MIAMI FL 33186	MIAMI FL 33186		

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90099 016 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/08/1995

65-0595733

4. FEI Number

Zip Country Zip Zip 25 29 9. Name and Address of Current Registered Agent	Cou 30	intry		This corporation owes the current Personal Property Tax.	year Inta	ngiblé ☑ Yes	□No
<u></u>	30			Personal Property Tax.		l≱lYes	l INo
9. Name and Address of Current Registered Agent							
				10. Name and Address of New Reg	stered A	gent	
		81	Name				
THOMPSON, DISNEY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
169 E. FLAGLER ST.	!	{		,			<u> </u>
* SUITE 1527		83					
MIAMI FL 33131		84	City			85 Zip (Code
.1		04	City		FL	2.p	5000
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.050 	was authorized	by th	named corpo ne corporatio	oration submits this statement for the purn's board of directors. I hereby accept the	pose of o	changing its tment as re	registered gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	l ågent s	innature required	when reinstation)	DATE		
12. OFFICERS AND DIRECTORS	13.	Agents	signature required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE D DELE		TLE				☐ Change	Addition
NAME SOUZA, EDSON	1.2 NA	AME					
STREET ADDRESS 13048 S.W. 133 ROAD COURT			ADDRESS				
i e		TY-ST-2					
CITY-ST-ZIP MIAMI FL 33186						Change	Addition
	2.2 NA					-	_
NAME SOUZA, VITOR E			DDRESS				
STREET ADDRESS 13048 S.W. 133 ROAD COURT							
CITY-ST-ZIP MIAMI FL 33186		TY-ST-	ZIP			Change	Addition
						_	_
NAME	3.2 N/		PDOFES				
STREET ADDRESS			DDRESS				
CITY-ST-ZIP DELE		ITY-ST-	ZIP			☐ Change	☐ Addition
						Criange	
NAME	4. 2 N						
STREET ADDRESS			ADDRESS .				
CITY-ST-ZIP		ITY-ST-	ZIP			Change	Addition
TITLE				•		Change	
NAME	5.2 NA		200000				
STREET ADDRESS			DORESS				
CITY-ST-ZIP		TY-ST-Z	ZIP			Chanca	Addition
TITLE DELE						☐ Change	Addition
NAME	6.2 NA						
STREET ADDRESS	6.3 ST	IREET A	DDRESS				
CITY-ST-ZIP		TY-ST-2				<u> </u>	
14. I hereby certify that the information supplied with this filing does not qua							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1.

305-252-6161 Davime Phone #