

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 # P95000059888

1. Corporation Name

GRUPONOVA USA, INC.

Principal Place of Business

801 South Bayshore Dr.
Suite 366
Miami, Fl. 33131-USA

Mailing Address

801 South Bayshore Dr.
Suite 366
Miami, Fl. 33131

2. Principal Place of Business

21 801 South Bayshore Dr.
Suite, Apt. #, etc.

22 Suite 366

City & State

23 Miami, Fl.

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 801 South Bayshore Dr.
Suite, Apt. #, etc.

27 Suite 366

City & State

28 Miami, Fl.

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

August 3, 1995

3a. Date of Last Report

N/A

4. FEI Number

65-0603237

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

10. Name and Address of New Registered Agent

Ciro O. Irausquin
801 South Bayshore Dr. Apt. 366
Miami, Fl. 33131
USA

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 registered agent and title if applicable.

Ciro O. Irausquin-President

April 19, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Ciro O. Irausquin
801 South Bayshore Dr. Apt 366
Miami, Fl 33131

TITLE Vice-Pres. ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Acir Luiz Padilha
Ave. Brig. Faria Lima 1794
CEP 01402 Sao Paulo-Brazil

TITLE Treasurer ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Marilena Nogare Padilha
Ave. Brig. Faria Lima 1794
CEP 01402 Sao Paulo-Brazil

TITLE Secretary ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Acir Luiz Padilha Jr.
Ave. Brig. Faria Lima 1794
CEP 01402 Sao Paulo-Brazil

TITLE Quiteria Alves de Miranda ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Ave. Brig. Faria Lima 1794
CEP 01402 Sao Paulo-Brazil

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

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

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

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

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

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ciro O. Irausquin

April 19, 1996

305-373-8826

Daytime Phone #

CR2E034 (12/95)