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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000060277 (7)

VENDAS INTERNACIONAIS PERSONALIZADAS A/LPA CO

RP.	INTERNACIONAIS I		((()))							
Principal Place of Business 168 SE 1ST STREET MIAMI FL 33131 US		501 BRICI SUITE 40 MIAMI FL	Mailing Address 501 BRICKELL KWY DIRVE SUITE 400 MIAMI FL 33131							
		US				3. Date Incorporated of 08/04/1995	or Qualified		of Last F 5/1996	Report
- -	lace of Business	⊢ ¬	ng Address			4. FEI Number			A	oplied For
Suite, Apt.	#, etc.	26 Suite	. Apt. #, etc.		·-· · · · ·	65-0608026				ot Applicable Additional
2		27	·			5. Certificate of Status	Desired	\		equired
City & State	В	}—¬ ´	ß State			6. Election Campaign I	- 5			May Be
Zip	Country	28		Count	·v	Trust Fund Contribute 8. This corporation has		intensible to		to Fees
4	25	29		30	,	Florida Statutes		Yes ☐		. 199.032,
	g. Name and Address of	Current Registered	Agent			10. Name and Address	s of New Re	gistered A	gent	
	SBERGAS, NELSON			8	1 Name					
	BRICKELL KEY DRIVE			B	2 Street Ac	idress (P.O. Box Number is N	lot Acceptat	ole)		
	'E 400 MI FL 33131			8:	3					
MINA	MITE SSISI			8	4 02.					Ó-da
				°'	1 City			FL	85 Zip	Code
office or re agent. I an SIGNATURE	egistered agent, or both, in the militar with, and accept the familiar with, and accept the familiar with and accept the familiar with a second secon								· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of reg		atile. (NOT			quired where reinstating) ADDITIONS/CHANGE		DATE		RS <u>IN 12</u>
office or reagent. I as	Signature, typed or printed name of reg OFFICI	stered agent and title if applica	atric. (NO)	13.	gent signature rec	quired where reinstating)		DATE DERS AND [
office or reagent. I as	Signature, typed or printed name of reg OFFICE D BAYER, RUDI B	stered agent and title if applica ERS AND DIRECTORS	atile. (NOT	13. 1.1 TITLE	gent signature rec	quired where reinstating)		DATE DERS AND [DIRECTOR	
office or reagent. I an agent.	Signature, typed or printed name of reg OFFICI	stered agent and title if applica ERS AND DIRECTORS	atile. (NOT	13. 1.1 TITLE	gent signature rec	quired where reinstating)		DATE DERS AND [DIRECTOR	
office of ragent. I an agent.	D BAYER, RUDI B 501 BRICKELL KWY DR MIAMI FL	stered agent and title if applica ERS AND DIRECTORS	atile. (NOT	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature rec	quired where reinstating)		DATE DERS AND [DIRECTOR	Additio
office or reagent. I as SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	D BAYER, RUDI B 501 BRICKELL KWY DR MIAMI FL DPS BAYER, LUIZ E	Served agent and title if applies ERS AND DIRECTORS	atric. (NOI	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change	Additio
office of reagent. I as agent. I as signature 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS	D BAYER, RUDI B 501 BRICKELL KWY DR MIAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRI	Served agent and title if applies ERS AND DIRECTORS	atric. (NOI	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDRESS ET ADDRESS	quired where reinstating)		DATE DERS AND [DIRECTOR Change	Additio
office of ragent. I ail SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITLE STREET ADDRESS CITY-ST-ZIP	D BAYER, RUDI B 501 BRICKELL KWY DR MIAMI FL DPS BAYER, LUIZ E	Served agent and title if applies ERS AND DIRECTORS	atric. (NOI	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS -1 ADDRESS -1 ADDRESS -1 ADDRESS -1 - 2IP	quired where reinstating)		DATE DERS AND [DIRECTOR Change	Addition
office of reagent. I ail SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BAYER, RUDI B 501 BRICKELL KWY DR MIAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRI MIAMI FL DVP DE BARROS, LUIS O	Served agent and title if applica ERS AND DIRECTORS RIVE #400	BELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ET ADDRESS S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change Change	Addition
office of reagent. I ai SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS CITY-ST-ZIP IITLE VAME AMME	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	BELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change Change	Addition
office of reagent. I ai SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D BAYER, RUDI B 501 BRICKELL KWY DR MIAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRI MIAMI FL DVP DE BARROS, LUIS O	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS	quired where reinstating)		DATE DERS AND [DIRECTOF Change Change Change	Addition
office of reagent. I as agent. I as SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	BELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change Change	Addition
office of reagent. I ai SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS CITY-ST-ZIP IITLE VAME VAME VAME VAME VAME VAME VAME VAME	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOF Change Change Change	Addition
Office of reagent. I as agent. I as agent. I as signature 12. IIILE INAME STREET ADDRESS CITY-ST-ZIP IIILE IAME STREET ADDRESS	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -ST-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOF Change Change Change	Addition
office of reagent. I ail SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE VAME STREET ADDRESS CITY-ST-ZIP IIILE VAME STREET ADDRESS CITY-ST-ZIP IIILE VAME STREET ADDRESS CITY-ST-ZIP IIILE	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP T ADDRESS S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOF Change Change Change	Addition
office of reagent. I ail SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME VAME VAME VAME VAME VAME	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 NAME 5.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS S1- ZIP ET ADDRESS - S1- ZIP ET ADDRESS - S1- ZIP ET ADDRESS - S1- ZIP T ADDRESS S1- ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change Change Change	Addition
Office of reagent. I ail SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP IT ADDRESS -S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change Change Change	Addition Addition Addition
office or raggent. I ai SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 NAME 5.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP IT ADDRESS -S1-ZIP	quired where reinstating)		DATE DERS AND [DIRECTOR Change Change Change	Addition
Office or reagent. I ail SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP IT ADDRESS S1-ZIP IT ADDRESS S1-ZIP	quired where reinstating)		DATE DERS AND [Change Change Change Change Change	Addition Addition Addition Addition
office or re agent. I as SIGNATURE	DE BARROS, LUIS O SIGNATURE, STREET OF PRICE DE SO1 BRICKELL KWY DRIMAMI FL DPS BAYER, LUIZ E 501 BRICKELL KEY DRIMAMI FL DVP DE BARROS, LUIS O 501 BRICKELL KEY DRIMAMI FL	Served agent and title if applica ERS AND DIRECTORS RIVE #400	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP IT ADDRESS S1-ZIP IT ADDRESS S1-ZIP	quired where reinstating)		DATE DERS AND [Change Change Change Change Change	Addition Addition Addition Addition

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

12

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H31600 UCS, INC.

(0)

The state of the s

Principal Place		Mailing Address 2005 NW 62ND STREET						
SUITE # 1 FT. LAUDERDALE FL 33309		SUITE # 1	1007					
		FT. LAUDERDALE FL 33309	-165/	3. Date Incorporated or Or 11/28/1984		3a. Date of Last Report 05/01/1996		
2. Principal Pi	ace of Business	26. Mailing Address		4. FE≀ Number 59-2486196		<u> </u>	oplied For of Applicable	
Sulte, Apt.	#, etc. te 100	Suite, Apt. #, etc 27 Suite 1.00		5. Certificate of Status Des	sired 💢	\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Fina	ncing	\$5.00	May Be	
23		28		Trust Fund Contribution		Added		
Zip	Country	Zip	Country	This corporation has list		_	. 199.032,	
24	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of	Yes New Registers	∐ No ed Agent		
RAM	IOS, DANIA	- Tragistaria Angain	81 Name	·······				
	OI NW 7TH STREET		82 Street	Address (P.O. Box Number is Not A	l contable)			
PEM	IBROKE PINES FL 33029			Address (F.O. Dox Number is NOCF	Coopiable			
			83					
			84 City			85 Zip	Code	
11 Durament	to the provisions of Sections 607.050.	2 and 607 1508 Florida Statutos	the above name	A corporation submits this statement	for the nurnose	— 1 .1 .	e ragistared	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Horida. Such change was au	uthorized by the cor	poration's board of directors. I herel	by accept the a	ppointment as	registered	
	m l a miliar with, and accept the obliga	Hitoris of, Section 607.0505, Flor	itia Statutes.					
SIGNATURE	Signature, typed or printed name of registered age	of and title diapplicable (NOTE	Registered Agent signatur	e required when reinstating)	DATE			
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES T	O OFFICERS A			
TITLE	PD RAMOS, O. F.	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME ATTECT ADDRESS	14020 CARLTON DRIVE		1.2 NAME					
STREET ADORESS CITY-ST-ZIP	DAVIE FL		1.3 STREET ADDRESS 1.4 CHY+S1+ZIP					
TITLE	VS	DELETE	2.1 TITLE			Change	Addition	
NAME	NORTH, WILLIAM KNOX		2.2 NAME					
STREET ADDRESS	2130 N.W. 82ND TERRACE		2.3 STREET ADDRESS	1				
CITY-ST-ZIP	SUNRISE FL		2 4 CITY - ST - 7/P		 		<u> </u>	
TITLE	DAMOS DANIA	∐-DELETE	31 TITLE	T/V		K Change	☐ Addition	
NAME	RAMOS, DANIA 20201 NW 7TH STREET		3.2 NAME					
STREET ADDRESS	PEMBROKE PINES FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	V	DELETE	4.1 31TLE	v		Change	Addition	
NAME	Nelson, Robert	(A)	4. 2 NAME	Nelson, Robert	W_		21	
STREET ADDRESS	1310 NE 27 Way	n •	4.3 STREET ADDRESS	1310 NE 27 Way				
CITY-ST-ZIP	Pompano Beach,	FL 33062	4.4 CHTY+ ST - ZIP	Pompano Beach,	FL_330	62		
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S1-ZIP 6.1 TITLE	 		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY+ ST - ZIP					
information	by certify that the information supplied in indicated on this annual report or s fficer or director of the corporation or in Block 12 or Block 13 if changed, or	upplemental annual report is tru the receiver or trustee empowe	re and accurate and red to execute this	d that my signature shall have the sa report as required by Chapter 607, I	ame legal effect	l as if made uni ; and that my r	der oath, that	

3/41/0m/0m/1-