

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067704 (3)

1. Corporation Name

MADE IN BRASIL, INC.

Principal Place of Business

Mailing Address

802 SPRING CIRCLE, APT. 106
DEERFIELD BEACH FL 33441

802 SPRING CIRCLE, APT. 106
DEERFIELD BEACH FL 33441

2. Principal Place of Business

2a. Mailing Address

21 2118 E. ATLANTIC BLVD.

26 2118 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 POMPAÑO BCH - FL

28 POMPAÑO BCH - FL

24 Zip

Country

29 Zip

Country

33062

U.S.A

33062

U.S.A

9. Name and Address of Current Registered Agent

NETO, DEJASETE D
902 SPRING CIRCLE, APT. 106
DEERFIELD BEACH FL 33441

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

4. FEI Number

5.5- 589-13-3605

☒ 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

10. Name and Address of New Registered Agent

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 of person or persons acting as registered agent and the corporation

(Signature of person or persons acting as registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS NETO, DEJASETE D
CITY - ST - ZIP 902 SPRING CIRCLE, APT. 106
DEERFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME D
STREET ADDRESS DAROCHA, IVANILDA D
CITY - ST - ZIP 902 SPRING CIRCLE, APT. 106
DEERFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

900001946019
-09/12/96--01090--003
*****225.00 *****225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dejasete Duro de Roche Neto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/96 (954)7880002

DATE

DAYTIME PHONE

APPROVED
AND
FILED

1996 SEP -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (3/96)