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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P95000067704 (3)

MADE IN BRASIL, INC.

**FILED** May 12 1998 8:00am Secretary of State



Principal Plac	ce of Busines	s	М	Mailing Address					I LODANDOR IND LONDLA DIVIN SONNE DONN DONN BALLE DINN FOOTH IBON BOWL RIDE (DOT)				
2118 E. ATLANTIC BLVD				2118 E. ATLANTIC BLVD									
POMPANO BEACH FL 33062				POMPANO BEACH FL 33062					DO NOT WRIT	E IN THIS	CDACE		
								3. Date Incorpora			SPACE		
								08/30/19					
2. Principal P	Place of Busin	ness	2a.	Mailing Address				4, FEI Number				Applied For	
21			26					65-0713	<b>65-0713860</b> Not A			Vot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of 5	Status Desired			Additional		
22			27					<b>0.</b> 0500.0 0			Fee f	Required	
City & State			ļ	City & State			6. Election Camp				D May Be		
23 Zio	Zip Country			Zip Country				Trust Fund Co		Ш		d to Fees	
24		26 29 30		_	л н у	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>				current year Intangible			
9. Name and Address of Current							10. Name and Address of New Registered Agent						
NETO, DEJASETE D								10, 11					
		CIRCLE, APT. 1	ne .			<u></u>							
		BEACH FL 33441		82			Street	Address (P.O. Box Number	er is Not Accepta	ible)			
"	7EG14 1EG5	DD 1011 1 E 00111	l			83	1						
						<u> </u>					- · · · · · · · · · · · · · · · · · · ·		
]						84	City			FL	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 60	7.0502 and 6	07.1508, Florida Sta	lutes, the a	bove	e-named	corporation submits this s	tatement for the		f changing	its registered	
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													
12.	Signature, typed		ad agent and title  AND DIREC		NOTE: Registere	d Age	ent signature	required when reinstating)	ANOTO TO OFFI	DATE	DIDECTO	DC 111 40	
TITLE	D	- OFFICE N	JAND DINLY	DELETE	1.1 TI	TI F		ADDITIONS/CH	ANGES TO OFFI	CERS AND	Change		
NAME	_	DEJASETE D			1.2 N/		·				C. Change		
STREET ADDRESS		PRING CIRCLE, A	PT 108				ADDRESS						
CITY-ST-ZIP		IELD BEACH FL					IT-ZIP						
TITLE				☐ DELETE	2.1 19		18 - EN				Change	Addition	
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CITY - ST - ZIP	ļ				44 CI	TY-S	T-ZIP						
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CITY-ST-ZIP					5.4 CI		T-ZIP						
TITLE				☐ DELETE	6.1 Til						☐ Change	Addition	
NAME					6.2 NA	ME							
STREET ADDRESS					6.3 ST	REET	ADDRESS					1	
CITY-ST-ZIP					6.4 CI	TY-S1	T-21P						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport or supplemental annual roport 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 13 if changed, or on an altachment with an address