

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 # **P95000076698 (6)**

1. Corporation Name

GAZETA DE ALAGOAS INTERNATIONAL CORPORATION



Principal Place of Business

**1533 SUNSET DRIVE STE 201
MIAMI FL 33143**

Mailing Address

**1533 SUNSET DRIVE STE 201
MIAMI FL 33143**

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1001 South Bayshore Drive

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1902

27

City & State

City & State

23 Miami, Florida

28

Zip

Country

Zip

Country

24 33131

25

USA

29

30

4. FEI Number

65 065 78 22

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 198.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTILLO, ALVARO
1533 SUNSET DRIVE STE 201
MIAMI FL 33143**

81 Name

Alvaro Castillo B.

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

1390 Brickell Avenue, Suite 200

83

84 City

Miami

FL

85 Zip Code

33131

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, if applicable

Signature typed or printed name of new registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CASTILLO, ALVARO**
STREET ADDRESS **1533 SUNSET DRIVE STE 201**
CITY- ST- ZIP **MIAMI FL 33143**

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME **Fernando Collor de Mello**
1.3 STREET ADDRESS **1001 South Bayshore Drive, Suite 1902**
1.4 CITY- ST- ZIP **Miami, Florida 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Alvaro Castillo B.**
2.3 STREET ADDRESS **1390 Brickell Avenue, Suite 200**
2.4 CITY- ST- ZIP **Miami, Florida 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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)(b), 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: **f. Collor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96

(305) 371-5540

CR2E034 (12/95)