May 08, 1999 8:00 am Secretary of State

05-08-1999 90048 042 ***150.00

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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083177

BRAZILIAN COURT MANAGEMENT, INC.

Principal Place of Business Mailing Address							I 1881(ffbt (18 1919) Bitht Beill gabis garet	19188 11181 11814 1	E 8-11 1 1 8-01 1 1 2 1 1
197 FIRST AVE		197 FIRS	T AVENUE						
NEEDHAM FL 02194 NEEDHAM MA 02194							DO NOT WRITE IN THIS	COACE	
US							3. Date Incorporated or Qualifed	SPACE	
							10/30/1995		
2. Principal Pl	ace of Business	2a. Maili	ing Address				4. FEI Number	Ар	plied For
21		26					65-0617295		t Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27						Fee Re	
City & State	е		& State				6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	o rees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year In		□No
24	25	29	44	30			Personal Property Tax. 10. Name and Address of New Registered		
<u>'</u>	9. Name and Address of Curre	ent Registered	Agent	-	81	Name	10. Name and Address of New Neglatered	Agvin	
VALC	DES-FAULI CORPORATE SERVI	ICES INC.			١,	Hame			
777 SOUTH FLAGLER DRIVE		1020, 1110,	LO, 1140,		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	E 500 EAST				83				
W PA	ALM BEACH FL 33401							T	
					84	City	FL	85 Zip C	code
11 Pureuant	to the provisions of Sections 607.05	502 and 607.15	08. Florida Statut	es. the a	<u> </u> 00V8-I	named c	ornoration submits this statement for the nurnose o	f changing its	registered
office or re	egistered agent, or both, in the Stat	te of Florida. Su	ich change was a	iuthorized	by th	he corpor	ation's board of directors. I hereby accept the appo	intment as req	gistered
agent, rai	m familiar with, and accept the obliq	gadons of, Secti	1011 607.0303, F10	iiua Stati	nes.				
SIGNATURE	Signature, typed or printed name of registered a	cent and title if applica	able. (NOTE	· Registered	Agent s	sionature rec	uired when reinstating) DATE		 (
12.									
	OFFICERS A	AND DIRECTOR	· · · · · · · · · · · · · · · · · · ·	13.		- -	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PDT OFFICERS A	AND DIRECTOR	· · · · · · · · · · · · · · · · · · ·					ND DIRECTO	RS IN 12
	PDT	AND DIRECTOR	RS	13.	LE				
TITLE		AND DIRECTOR	RS	13.	LE ME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS	PDT GOSMAN, ANDREW D 197 FIRST AVENUE	AND DIRECTOR	RS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME	ADDRESS			☐ Addition
TITLE NAME	PDT GOSMAN, ANDREW D	AND DIRECTOR	RS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME REET A	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS	AND DIRECTOR	RS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	LE ME REET A IY-ST-	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDT Gosman, andrew D 197 First Avenue Needham Ma 02194	AND DIRECTOR	RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	LE ME REET A TY-ST-2 LE ME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE	AND DIRECTOR	RS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	LE ME REET A TY-ST-2 LE ME	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL	AND DIRECTOR	RS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	LE ME TY-ST- LE ME REET A TY-ST-	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V	AND DIRECTOR	RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA 2.3 ST 2.4 C	LE ME REET A TY-ST- LE ME REET A TY-ST-	ADDRESS ZIP ADDRESS -ZIP	02494	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M	AND DIRECTOR	RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA	LE ME REET A TY-ST- LE ME REET A TY-ST-	ADDRESS ZIP ADDRESS -ZIP	02494	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V	AND DIRECTOR	RS DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA 2.3 ST 2.4 CF 3.1 TI 3.2 NA 3.3 ST	LE ME REET A TY-ST- LE ME REET A TY-ST-	ADDRESS ZIP ADDRESS -ZIP	02494	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	RS DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA 2.3 ST 2.4 CF 3.1 TI 3.2 NA 3.3 ST	REET A TY-ST- LE TY-ST- LE TY-ST- LE REET A TY-ST- LE REET A	ADDRESS ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC	ME REET A TY-ST-: LE ME REET A TY-ST- LE REET A TY-ST- LE	ADDRESS ZIP ADDRESS -ZIP	02494	Change Change Change	☐ Addition ☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 CCI 4.1 TI 4.2 N	ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE	ADDRESS ZIP ADDRESS -ZIP	02494	Change Change Change	☐ Addition ☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4 CF 4.1 TT 4.2 NA 4.3 ST	ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	02494	Change Change Change	☐ Addition ☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4 CF 4.1 TT 4.2 NA 4.3 ST	REET A TY-ST-: LE ME REET A TY-ST- LE ME TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST-	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	02494	Change Change Change	☐ Addition ☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CCI 4.1 TT 4.2 NA 4.3 ST 4.4 CF	REET A TY-ST-LE ME REET A TY-ST-LE ME REET A TY-ST-LE AME REET A TY-ST-LE	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	02494	Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4. CF 4.1 TT 4.2 N. 4.3 ST 4.4 CF 5.1 TT 5.2 NA	REET A TY-ST LE ME REET A TY-ST LE AME REET A TY-ST LE AME REET A TY-ST LE AME REET A LE AME REET A LE ME ME ME ME ME ME ME ME ME	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	02494	Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST	REET A TY-ST LE ME REET A TY-ST LE AME REET A TY-ST LE AME REET A TY-ST LE AME REET A LE AME REET A LE ME ME ME ME ME ME ME ME ME	ADDRESS -ZIP	02494	Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST	LE ME REET A TY-ST LE ME REET A TY-ST LE ME REET A TY-ST LE AME REET A REET A REET A REET A REET A REET A	ADDRESS -ZIP	02494	Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GOSMAN, ANDREW D 197 FIRST AVENUE NEEDHAM MA 02194 DVS GOSMAN, MICHAEL 197 FIRST AVENUE NEEDHAM MA 02194 V CURRY, JAMES M 197 FIRST AVE	AND DIRECTOR	DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4 CF 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST 5.4 CF	LE ME REET A TY-ST LE ME REET A TY-ST LE AME REET A TY-ST LE ME REET A TY-ST LE ME REET A LE ME REET A LE ME	ADDRESS -ZIP	02494	Change Change Change	Addition Addition Addition

14. 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 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, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR