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 # **P95000097465 (5)**

1. Corporation Name

BRAZILIAN PEPPER, CORP.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD SUITE 911 CORAL GABLES FL 33134	2600 DOUGLAS ROAD SUITE 911 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 12/27/1995
3a. Date of Last Report:
4. FEI Number: 65-0636589 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 9150 S.W. 87th Ave.	26 9150 S.W. 87th Ave.
Suite, Apt. #, etc. 22 Suite #205	Suite, Apt. #, etc. 27 Suite #205
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33176	Zip 29 33176
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

LUSTIG, ROY R
2600 DOUGLAS ROAD
SUITE 911
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 and title if applicable (NOTE: Registered Agent signature required when changed) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUSTIG, ROY R 2600 DOUGLAS ROAD SUITE 911 DOUGLAS CENTRE CORAL GABLES FL 33134 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP Frederick Wallace 9150 S.W. 87th Ave. Ste. #205 Miami, FL 33176 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Robert S. Goldberg 9150 S.W. 87th Ave Ste.#205 Miami, FL 33176 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P/S/D Stewart A. Greenstein 9150 S.W. 87th Ave. Ste. #205 Miami, FL 33176 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Michael S. Neijna 9150 S.W. 87th Ave. Ste. #205 Miami, FL 33176 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ass't T Paul U. Skoric 9150 S.W. 87th Ave. Ste. #205 Miami, FL 33176 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	900001767129 -04702/96--01119--028 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ass't Secy Clifford H. MacBroom 9150 S.W. 87th Ave. Ste. #205 Miami, FL 33176 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition)2/4.2

CR2E034 (12/95)

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

SIGNATURE: Robert S. Goldberg — 2-12-96 — 595-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #