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FILED

May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000015950 (4)

1. Corporation Name

BRASIL AMERICA INTERNATIONAL CO.

Principal Place of Business

Mailing Address

9363 FONTAINEBLEAU BLVD
202-4
MIAMI FL 33172

9363 FONTAINEBLEAU BLVD
202-4
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number

65-0644966

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8413 NW 68th STREET

Suite, Apt. #, etc.

22 UNIT C

City & State

23 MIAMI

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8413 NW 68th STREET

Suite, Apt. #, etc.

27 UNIT C

City & State

28 MIAMI

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

ALVES, JOSE LUIS
9363 FONTAINEBLEAU BLVD
202-4
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

ALVES, JOSE LUIS

82

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

8413 NW 68th STREET

83

84

City MIAMI

FL

85 Zip Code 331

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

Jose Luis Alves

- JOSE LUIS ALVES - PRESIDENT

04.24.98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ALVES, JOSE L ☒ DELETE

NAME ALVES, JOSE L
STREET ADDRESS 9363 FONTAINEBLEAU BLVD
CITY-ST-ZIP MIAMI FL 33172

TITLE VP ☒ DELETE

NAME AFFONSO PEIXE, MONICA
STREET ADDRESS 9363 FONTAINEBLEAU BLVD
CITY-ST-ZIP MIAMI FL 33172

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

1.1 TITLE P ALVES, JOSE LUIS ☒ Change ☐ Addition

1.2 NAME ALVES, JOSE LUIS
1.3 STREET ADDRESS 8413 NW 68th STREET
1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME AFFONSO PEIXE, MONICA
2.3 STREET ADDRESS 8413 NW 68th STREET
2.4 CITY-ST-ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Jose Luis Alves

04.24.98 305.430.3699

CR2E034 (10/97)