

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025418 (0)

1. Corporation Name
BRAZILIAN FIRST, INC.



Principal Place of Business

Mailing Address

~~1520 WASHINGTON AVE.~~
~~MIAMI BEACH FL 33139~~

~~1520 WASHINGTON AVE.~~
~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/21/1996

N/A

2. Principal Place of Business

2a. Mailing Address

21 13903 NW 67th Ave

26 13903 N.W. 67th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 230

27 230

City & State

City & State

23 MIAMI LAKES

28 MIAMI LAKES

Zip

Country

Zip

Country

24 33014

25 FLORIDA

29 33014

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNSTEIN, MARLEY

~~1520 WASHINGTON AVE.~~

~~MIAMI BEACH FL 33139~~

81 Name

MARLEY BROWNSTEIN

82 Street Address (P.O. Box Number is not acceptable)

13903 N.W. 67th Ave

83

MIAMI LAKES suite: 230

84 City

FL

85 Zip Code

33014

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BROWNSTEIN, MARLEY

STREET ADDRESS ~~1520 WASHINGTON AVE.~~

CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE ☐ DELETE

NAME 13903 N.W. 67th Ave

STREET ADDRESS # 230

CITY-ST-ZIP MIAMI LAKES FLA

TITLE ☐ DELETE

NAME 33014

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***558.75

14. I do 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, on an attachment with an address.

CR2E034 (4/97)