

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90002 002 \*\*\*150.00

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1. Corporation Name

TRANS BRAZILIAN ENTERPRISES OF PALM BEACH, INC.

Principal Place of Business

638 AVOCET ROAD  
DELRAY BEACH FL 33444

Mailing Address

638 AVOCET ROAD  
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

65-0657845

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 167 NE 2nd Ave

Suite, Apt. #, etc.

22 2nd Floor

City & State

23 Delray Beach, FL

Zip

24 33444

Country

2a. Mailing Address

26 167 NE 2nd Ave

Suite, Apt. #, etc.

27 2nd Floor

City & State

28 Delray Beach FL

Zip

29 33444

Country

30

9. Name and Address of Current Registered Agent

DAS CHAGAS, MARLENA  
638 AVOCET ROAD  
DELRAY BEACH FL 33444

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DAS CHAGAS, MARLENA  
STREET ADDRESS 638 AVOCET ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☐ DELETE

NAME DAS CHAGAS, ITAMAR  
STREET ADDRESS 638 AVOCET ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33444

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 ☒ Change ☐ Addition

1.2 NAME P. Marlena das Chagas  
1.3 STREET ADDRESS 167 NE 2nd Ave  
1.4 CITY-ST-ZIP Delray Beach FL 33444

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D. Itamar das Chagas  
2.3 STREET ADDRESS 167 NE 2nd Ave  
2.4 CITY-ST-ZIP Delray Bch, FL 33444

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, with all other like empowered.

SIGNATURE:

Marlena das Chagas, President/Director

4/22/99

SB1276-9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)