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

PROFIT CORPORATION ANNUAL REPORT

1998



TI ORIDA DEPARTMENT OF ST

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000032098 (1)

BRASCONSULT - LEGAL & GENERAL SERVICES, INC.

Principal Place of Business Mailing Address

848 BRICKELL AVE #625

648 BRICKELL AVE #625

FILED Feb 10 1998 8:00am Secretary of State



848 BRICKELL AVE #625 MIAMI FL 33131-2915		848 BRICKELL AVE #625 MIAMI FL 33131-2915					
					DO NOT WRITE IN TH	S SPACE	··· • ······
					3. Date Incorporated or Qualified		:
2. Principal P	lace of Business	2a. Mailing Address			04/12/1996 4. FEI Number		oplied For
21	tovo or Eradinosir	h 1	26		65-0657922		ot Applicable
Suite, Apt #, etc.			Suite, Apl. #, elc.				Additional
22		27	27		5. Certificate of Status Desired		equired
City & State		City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Country	<i>,</i>	8. This corporation owes or has paid the	current year In	tangible
24					Personal Property Tax due June 30.		_ No
	9. Name and Address of Curre	ent Registered Agent	81	I	10. Name and Address of New Registere	d Agent	
	ASCIMENTO, JOSE B		81	Name			
848 BRICKELL AVE #625			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131-2915			83		·		
			63				
			84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.09	i02 and 607.1508, Florida Statute	es, the abov	e-named cor	moration submits this statement for the nurnose	of changing i	ts registered
office or r	egistered agent, or both, in the Sta m familiar with, and accent the obli	te of Honda. Such change was a locations of Section 607.0505. Flo	uthorized b	y the corpora	ation's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		grine in the exercise care cooley to	man oldidio	<i>o.</i>			
SIGNATURE	Signature: typical or printed name of requirere that	gens and telephappeeable (NOT	: Registered Ag	ent signature requ	uired when re-instating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р	DELETE	1.1 TITLE	İ		Change	☐ Addition
NAME	NASCINENTO, JOSE B		1.2 NAME				
STREET ADORESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131-2915		1.4 DITY-1	ST - ZIP			
TITLE	S DELETE		21 TITLE		•	Change	☐ Addition
NAME			2.2 NAME	-			
STREET ADDRESS	848 BRICKELL AVE #625			F ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131-2915 S		2 4 CITY-ST-ZIP			Change	Addition
TITLE			3 1 TITLE			Criange	Addition
NAME OVEREN ADDRESS			3 2 NAME				
STREET ADDRESS	SAO PAULO AP BRAZIL	T-0/14		ADDRESS			
CITY-ST-ZIP TITLE	ONO FAULU AF DIVAZIL	DELETE	3.4. CITY - 4.1 TITLE	51-ZIP		Change	Addition
NAME		_ v	4. 2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5				
TITLE		DELLE TE	5.1 TiTLE			☐ Change	☐ Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5				
TITLE		☐ DELETE	6.1 7(TLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	ST - ZIP			
					A CONTRACTOR OF THE PROPERTY O		

4. I hereby certify that the information supplied with this filing closs 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:

Manual

1-10-98 305 5770000