Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90258 030 ***150.00

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

DOCUMENT # P96000045444

1. Corporation Name

BTC (H.K	(.) Brazilian trade cen	THE, INC.						
Principal Place of Business Mailing Address						EBOT BEIN BOTH OF	D1 E1111 61914 E 1	SPH 8181 881
2025 NW 102ND AVE #107 2025 NW 102ND AVE #107								
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					05/29/1996	-		-
2 Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number		App	lied For
21	ace of business	26			65-0668772		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			•				\$8.75 A	dditional
22					5. Certificate of Status Desired		Fee Red	uired
_City & State	е	City & State	_		6. Election Campaign Financin	g 🖸	\$5.00 A	
23		28	. :		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the c			-JNG
24	25		30		Personal Property Tax. 10. Name and Address of New			□No
	9. Name and Address of Currer	nt Registered Agent	81	Name_	10. Name and Address of Net	Registered A	_	
HUPPERT, JOSEPH H				66	ADYS GAIL	010	sue	2
11440 N. KENDALL DR., STE. 201				Street Add	ress (P.O. Box Number is Not Acce	ptable)	#	107
MIAMI FL 33176				000	s Na rasm	y cu-	، جست	
WILZ	11 1 2 00 11 0		83				· · · · · · · · · · · · · · · · · · ·	
					ull'	FL	85 Zip C	172
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for	he purpose of c	hanging its	registered
office or o	egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida, Such change was au	itnorizea bi	v ane corporati	on s board or directors. I hereby ac	cept the appoint	ment as reg	ISIGIGO
	Glady Gail	Diener 1				1/5/9	9	
SIGNATURE	Signature, typed or printed same of registered age	nt and title if anniable. (NOTE:	Registered Ago	ent signature require	ed when reinstating)	DATE.		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO		DIRECTOR Change	RS IN 12 Addition
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME				□ Change	
NAME	ANDRADE, FERNANDO S							Ì
STREET ADDRESS	11440 N. KENDALL DR., STE. 201			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176	- O OFFITTE	1.4 CITY-	ST-ZIP			Change	Addition
TITLE			2.1 TITLE 2.2 NAME				L., onango	
NAME	(IODEIT TOOMON)							
STREET ADDRESS	2025 NW 102ND AVE #107			ET ADORESS				
CITY-ST-ZIP	MIAMI FL 33172	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	<u> </u>		Change	Addition
TITLE	S ADVC CALL DISCUST	Dereie	3.1 HILE		*, = .			_ `
NAME	GLADYS GAIL DIEGUEZ			ET ADDRESS				\
STREET ADDRESS	2025 NW 102ND AVE #107		3.4. CITY-					
CITY-ST-ZIP	MIAMI FL 33172	DELETE	4.1 TITLE		-		Change	Addition
TITLE			4. 2 NAME				-	į
NAME				ET ADDRESS				
STREET ADDRESS			4.4 CITY-					f
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADORESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STRE	ET ADORESS				\

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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS