

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

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May 06 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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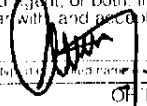
DOCUMENT # P96000058042
1. Corporation Name
MACBRAUL IMPORT & EXPORT CORP.

Principal Place of Business 2210 Yankee Place Apt. #331 Orlando, FL 32839	Mailing Address 2210 Yankee Place Apt #331 Orlando, FL 32839
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2. Principal Place of Business 21 7021 Grand National Dr. Suite, Apt. #, etc. 22 Suite 105 City & State 23 Orlando, FL Zip 24 32819	2a. Mailing Address 26 7021 Grand National Dr. Suite, Apt. #, etc. 27 Suite 105 City & State 28 Orlando, FL Zip 29 32819	3. Date Incorporated or Qualified 07-02-1996	3a. Date of Last Report	4. FEI Number 59-3412989	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent Braulio Ferreira Dasilvia 2210 Yankee Place Apt. #331 Orlando, FL 32839	10. Name and Address of New Registered Agent 81 Name Claudio Antonio Marins Machado 82 Street Address (P.O. Box Number is Not Acceptable) 6440 Metrowest Blvd 83 Suite #428 84 City Orlando FL 85 Zip Code 32835
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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  / **Claudio Antonio Marins Machado / President** **04/28/1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/Secretary ☐ DELETE	NAME Edilene Cassia Cardoso Vieira	11 TITLE Secretary ☒ Change ☐ Addition	NAME Edilene Cassia Cardoso Vieira
STREET ADDRESS 6440 Metrowest Blvd. #428	CITY, ST, ZIP Orlando, FL 32835	12 NAME Edilene Cassia Cardoso Vieira	13 STREET ADDRESS 6440 Metrowest Blvd. #428
TITLE ☐ DELETE	NAME ☐ DELETE	14 CITY, ST, ZIP Orlando, FL 32835	21 TITLE President ☐ Change ☒ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	22 NAME Claudio Antonio Marins Machado	23 STREET ADDRESS 6440 Metrowest Blvd. #428
TITLE ☐ DELETE	NAME ☐ DELETE	24 CITY, ST, ZIP Orlando, FL 32835	31 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	32 NAME ☐ Change ☐ Addition	33 STREET ADDRESS ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	34 CITY, ST, ZIP ☐ Change ☐ Addition	41 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	42 NAME ☐ Change ☐ Addition	43 STREET ADDRESS ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	44 CITY, ST, ZIP ☐ Change ☐ Addition	51 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	52 NAME ☐ Change ☐ Addition	53 STREET ADDRESS ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	54 CITY, ST, ZIP ☐ Change ☐ Addition	61 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE	NAME ☐ DELETE	62 NAME 400002170574	63 STREET ADDRESS -05/08/97--01005--012
TITLE ☐ DELETE	NAME ☐ DELETE	64 CITY, ST, ZIP ***165.00	

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 contained 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 unchanged, or on an attachment with an address

SIGNATURE:  / **Claudio Antonio Marins Machado / President** **04-28-1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)