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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000062753 (4)**

1. Corporation Name
INFOPOINT INTERNATIONAL TRADING COMPANY

Principal Place of Business	Mailing Address
141 N.E. 3RD AVENUE SUITE 407 MIAMI FL 33132	141 N.E. 3RD AVENUE SUITE 407 MIAMI FL 33132-2221

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report: —

2. Principal Place of Business
21: 2920 N.W. 72 AVENUE
22: Suite, Apt. #, etc.
23: MIAMI FL
24: 33122 25: Country USA

2a. Mailing Address
26: 2920 N.W. 72 AVENUE
27: Suite, Apt. #, etc.
28: MIAMI FL
29: 33122 30: Country USA

4. FEI Number: 65-0683911 ☐ 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

SOARES, DIVINO MAURO
141 N.E. 3RD AVENUE
SUITE 900
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9551 FONTAINEBLEAU # 512
83
84 City: Miami FL 85 Zip Code: 33172

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: X [signature] SOARES, DIVINO MAURO 01/25/97
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LOPES, BRUNO CORREA	1.2 NAME	
STREET ADDRESS	141 N.E. 3RD AVENUE, SUITE 905	1.3 STREET ADDRESS	9551 FONTAINEBLEAU # 512
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LOPES, DIVINO MAURO	2.2 NAME	Soares, Divino Mauro
STREET ADDRESS	141 N.E. 3RD AVENUE, SUITE 905	2.3 STREET ADDRESS	9551 FONTAINEBLEAU # 512
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	☐ DELETE	3.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		3.2 NAME	Saudi Said Jack Bo
STREET ADDRESS		3.3 STREET ADDRESS	9551 Fontainebleau Blvd # 315
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33172-0000
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: X [signature] 01/25/97 (305) 373-9740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0175833