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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093540 (8)

B.R. IMPORT & EXPORT CORPORATION

FILED Apr 29 1998 8:00am Secretary of State



4 /20/98 -305-916-0078

Principal Place of Business Mailing Address BILD N.W. DOTH BYMEET WAMP FL 33/42 8117 N.W. GOTH STREET MAMUFL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1996 Principal Place of Business 8119 NW 4. FEI Number Applied For \$119 NW 60 ST Suito, Apt. #, etc. 65-0708490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year latengible 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAVALCANTE, MARCOS Name MARCOS CAVA I CAN Street Address (P.O. Box Number is Not Acceptable) CAVALCANTE 8117 N.W. BOTH STREET **MIAMI FL 33142** 508 Florifia Statutes, the above-named corporation submits this statement for the purpose of changing its registered tool change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ption 807.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 60 office or registered agent, or both, in the State of Florida. agent. I am familiar with, and accept the obligations if, S (NOTF: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FICERS AND DIRECTORS 13. DELETE Change TITLE Addition 1.1 TITLE CAVALCANTE, MARCOS NAME 1.2 NAME 8119 NW 60 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL. 33166 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 21 TITLE ☐ Change Addition CAVALCANTE, FATIMA C 8119 NW 60 ST. 8117 N.W. SOTH STREET MAN FL 33142 STREET ADDRESS 2.3 STREET ADDRESS MIRMI FL. 33166 CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Change DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this filing does not dual indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trusted empowered Block 12 or Block 13 if changed, or on an attachment with an address. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an o pixed to this report as required by Chapter 607, Florida Statutes; and that my name appears in