

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000096758 (3)

1. Corporation Name

SANCAMP INTERNATIONAL CORPORATION

Principal Place of Business

13602 SOUTHWEST 83RD AVENUE  
MIAMI FL 33158

Mailing Address

13602 SOUTHWEST 83RD AVENUE  
MIAMI FL 33158-1018

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KASSANDRAS, VALERIA  
13602 SOUTHWEST 83RD AVENUE  
MIAMI FL 33158

3. Date Incorporated or Qualified

11/21/1996

3a. Date of Last Report

4. FEE Number

65-0127849

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCOE  
TIMOTHEO DE SOUZA, MAURICIO  
AV JACOB ALVES DE AZEVEDO, 150 APT-101  
JOAO PESSOA, BRAZIL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
TIMOTHEO DE SOUZA, MAURICIO  
AV JACOB ALVES DE AZEVEDO, 150 APT-101  
JOAO PESSOA, BRAZIL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
CAVALCANTI DE MELO, GILSON  
AV GOIAS, 330  
JOAO PESSOA, BRAZIL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
FRANISCO ANYSIO DE APULA CAVALCANTI  
AV ARGEIRO DE FIGUEIREDO 3257  
JOAO PESSOA, BRAZIL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VASD  
MARCONI TIMOTHEO DE SOUZA  
RUE OLIVA FARIAS TABINIO, 94  
JOAO PESSOA, BRAZIL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCFD  
MALAQUIAS TIMOTHEO DE SOUZA  
RUA ARGEIRO DE FIGUEIREDO 3257  
JOAO PESSOA, BRAZIL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

MARCONI TIMOTHEO DE SOUZA 4/28/97 11/21/1996

FILED  
Jun 13 1997 8:00am  
Secretary of State



CR2E034 (9/96)