

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000096767 (4)**

1. Corporation Name

PHOENIX INVESTMENT HOLDING CORPORATION

Principal Place of Business

Mailing Address

**13602 SOUTHWEST 83RD AVENUE
MIAMI FL 33158**

**13602 SOUTHWEST 83RD AVENUE
MIAMI FL 33158**



REINSTATEMENT

97

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASSANDRAS, VALERIA
13602 SOUTHWEST 83RD AVENUE
MIAMI FL 33158**

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

9/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE
NAME **ANTONIO JOSE HADADE SOUZA**
STREET ADDRESS **RUA BARAO DE PIRACICAMIRIM, 889 APT-151**
CITY-ST-ZIP **PIRACICABA, BRAZIL**

TITLE **D** ☐ DELETE
NAME **ANTONIO JOSE HADADE SOUZA**
STREET ADDRESS **RUA BARAO DE PIRACICAMIRIM, 889 APT-151**
CITY-ST-ZIP **PIRACICABA, BRAZIL**

TITLE **VCFO** ☐ DELETE
NAME **THEREZA CHRISTINA LEME HADADE**
STREET ADDRESS **RUA BARAO DE PIRACICAMIRIM, 889 APT-151**
CITY-ST-ZIP **PIRACICABA, BRAZIL**

TITLE **SD** ☐ DELETE
NAME **THEREZA CHRISTINA LEME HADADE**
STREET ADDRESS **RUA BARAO DE PIRACICAMIRIM, 889 APT-151**
CITY-ST-ZIP **PIRACICABA, BRAZIL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700002310867011
-10/02/97--0119--023
****758.75 ****758.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

CR2E034 (4/97)