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

PROFIT CORPORATION ANNUAL REPORT

1997

Zip

CITY-ST-ZIP

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 18 1997 8:00am

Secretary of State

Applied For Not Applicable

DOCUMENT # P96000098014 (9)

BRASIL FOOD MARKET, INC.

	Principal Place of Business	Mailing Address	T LOUIZOFE NIO 18110 BINAL BURNI QUEN QUAN BURNI BUNIN			
	1967 718T STREET MIAMI BESCH FL 33141	1967 71ST STREET MIAMI BESCH FL 33141-4415				
	·		3. Date Incorporated or Qualified 3a, Da 12/02/1996	te of Last Report		
	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
2	1	26	APPLIED FOR	Not Applica		
2	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
2	City & State	City & State	G. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		

Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name DE CASTRO, WESLEY 435 N.E. 121ST ST 82 Street Address (P.O. Box Number is Not Acceptable) #207 **NORTH MIAMI FL 33161** 83 84 City Zip Code

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 little if applicable	(NOTE: Ro	rgistored Agent signature r		DATE	·				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF						
TITLE		DELETE	1.1 TITLE		☐ Change	Addition				
NAME	DE CASTRO, WESLEY		1.2 NAME							
STREET ADDRESS	435 N.E. 121ST ST #207		1.3 STREET ADDRESS							
CITY-ST-ZIP	North Miami FL 33816-1		1.4 CITY-ST-ZIP							
TITLE	V0	DELETE	2.1 1ITLE		Change	Addition				
NAME	SANTACRUZ, LAURA		2.2 NAME							
STREET ADDRESS	435 N.E. 121ST ST #207		2.3 STREET ADOREȘS	•						
CITY-ST-ZIP	NORTH MIAMI FL 33816-1		2.4 City-St-ZiP							
TITLE		DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME		$\bigcap k$	\c/\ U .\				
STREET ADDRESS			3.3 STREET ADDRESS		14,1	1001				
CITY-ST-ZIP			3.4. CITY - ST - ZIP			$\sum_{i=1}^{n}$				
TITLE		DELETE	4.1 THILE		☐ Change	Addition				
NAME		,	4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS			1				
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP							
TITLE		DELLLE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-7IP							
TITLE		DELETE	6.1 TITLE		Change	☐ Addition				
NAME			62 NAME	4000021 -04/22/9701	(1) (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (
STREET ADDRESS			6.3 STREET ADDRESS	~U4/22/31~~U1	0.02000					

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 eath; 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.

6.4 CITY-ST-ZIP