SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 18 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # P96000098268 (1) MONTYSA CORPORATION Principal Place of Business Mailing Address 141 NE 3RD AVENUE 141 NE 3RD AVENUE SUITE 302 SUITE 302 DO NOT WRITE IN THIS SPACE MIAM! FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0717288 Not Applicable 26 \$8.75 Additional Suito, Apt. #, etc. Suite, Apt. #, etc. 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Country U.S.A. U.S.A. Personal Property Tax due June 30. 29 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SELL, LUIZ EDUAR DO WING REGISTERED AGENTS, INC. -701 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 2000 83 MIAMI-FL 33131 SUITE 302 City MiaMi Zip Code 33/5/2 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 familifir with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

S (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PSTD DELETE 1.1 TITLE TITLE SELL, LUIZ EOUARDO **SELL, LUIZ EDUARDO** 1.2 NAME NAME 141 N.C. BRO AVENUE AV. PREF. OSMAR CUNHA, 251 CONJ. 301 1.3 STREET ADDRESS STREET ADDRESS MiAMI, FL 33/32 SANTA CATARINA BRAZIL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Channe DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 2IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 54 CITY-ST-7IP Change ___ Addition DELETE 61 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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.

5011, Luiz Eduardo 07/10/87 (305) 371-4477 6.11.21.14.111