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

 PROFIT **CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000025062 (5)

STEAKMASTERS BRAZILIAN RODIZIO, INC.

## **FILED** May 11 1998 8:00am Secretary of State



2 delac

Suite, Apt. III. etc.    Suite, Apt. III. etc.   Suite, Apt. III. etc.	Principal Place of Business	Mailing Address			_
2. Phrolopid Paceg of Businoss 2. A Molling Additions 2. A Molling Additions 2. A List Number 3. Date Incorporated of Collision 3. Date Incorporated Polymore 3. Date			1235		
3. Date Incorporated or Qualified Ox3/20/1997  3. La Moling Address 5  4. La M	MIAMI FL 33131	MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Bullet April 4 dec.  2. Mailing Address 28					
2. Miching Address   2. Mailing Address   2. Mailing Address   2. Mailing Address   2. Mailing Address   3. Mailin					
Solide, Apt. e. etc.	Principal Place of Business	2. Mailing Address			olied For
Sulfe, April #, etc.    Sulfe, April #, etc.			nd funn		<u> </u>
CONY & State  SANTOS, MAUNDO  CONY & State  CONY & STATE  CONY & State  SANTOS, MAUNDO			Va Laur	¢0.75	
Country   Coun	22	<b>⊢</b>		I B L'ertificate di Status Hestred I I	
Trust Fund Contribution	City & State City & State		A ,	6. Election Campaign Financing \$5.00	May Be
San transport of Current Registered Agent  San transport of Current	CORAL GABLES 28 COMAL				
San transport of Current Registered Agent  San transport of Current		7ip 2 2 1 1 3	Country		
SANTOS, MAURO C 25 S.E. 2ND AVE., SUITE 1235 MIAMIR FL 33131  82 Short Address (P.O.) Box Number is Not Appendable)  83 City Co MAIL Graph Lib W  84 City Co MAIL Graph Lib W  85 City Co MAIL Graph Lib W  86 City Co MAIL Graph Lib W  87 City Co MAIL Graph Lib W  88 City Co MAIL Graph Lib W  89 City Co MAIL Graph Lib W  89 City Co MAIL Graph Lib W  80 City Co MAIL		29 2717	30 UMUE		J No
25 S.E. 2ND AVE., SUITE 1235 MIAMI FL 33131  88 Sind Address (P.O. Box Number is tool Appelation)  89 Sind Address (P.O. Box Number is tool Appelation)  80 Sind Address (P.O. Box Number is tool Appelation)  80 Sind Address (P.O. Box Number is tool Appelation)  81. Pursuant to the provisions of Sociens 607 0502 and 607 1508. Fixfrod Bistules, the above named composition submits this statement for the purpose of changing its registered office or repetited apoint, specific provisions of socient specific provisions of		nt Hegistered Agent	94 Nama	10. Name and Address of New Hegistered Agent	
25 S.E. 2NO AVE., SUITE 1235  MAMI F. 33131  B2 SNot Address (F.O. Box Number is Not Appetable)  B3 City Co V.P.L. G.B. L.B.D.V.  B4 City Co V.P.L. G.B.L.B.D.V.  B5 City Co V.P.L. G.B.L.B.D.V.  B5 City Co V.P.L. G.B.L.B.D.V.  B6 City Co V.P.L. G.B.L.B.D.V.  B7 City Co V.P.L. G.B.L.B.D.V.  B8 City Co V.P.L. G.B.L.B.D.V.  B9 City Co V.P.L.G.B.D.V.  B9 City Co V.P.L.B.D.V.  B9 City Co V.P.L				ulio B. DB (dubiad2	
Sa   Sa   City Co N P			B2 Street	Address (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sociors 607 0502 and 607 1508, Fyrida plaiutes, the above named corporation submits this statement for the purpose of changing its registred office or regulatered agent. gr. both the State of Forda State State of Forda State S	MIAMI FL 33131			2121 POWCE DE LEON	
11. Pursuant to the provisions of Socions 607 5002 and 607 1508. Fyring State of Socions 607 5008, Eyring State of Stocions 607 508. Eyring State of Sta	<u>,                                    </u>		83		
11. Pursuant to the provisions of Socions 607 5002 and 607 1508. Fyring State of Socions 607 5008, Eyring State of Stocions 607 508. Eyring State of Sta	<b>\( \)</b>		84 City	0 A A - 6 AN / 41 E1 85 ZIPS	Cope 11
SIGNATURE Signat	44 Pursuant to the provisions of Continue 607.056	12 and 607 1608 Elected Statute	e the shove name	corporation submits this statement for the purpose of changing its	c registered
SIGNATURE Signat	office or registered agent, or both, in the State	e of Florida. Such ghange was a	ulhorized by the co	poration's board of directors. I hereby accept the appointment as	registered
Soproduct, highest of princhip, cause of registers, a segment and extract any content of registers and content of receiver of its register and content of receiver of its registers and that my single proof as required by Chapter 60°C, forlied a Statutes i	agent. Lam familinr with, and accept the oblig	vitions of, Section/607:0505, Flo	rida Statutes.	21_100	
TITLE DE CUEIROZ FILHO, JULIO BRUNO STREET ADDRESS DETY-ST-2P MAME STREET ADDRESS	SIGNATURE STORY AND COLUMN AND CO	continued to the ideacologists (NOTS	· Recetered Apart signature	s required when reinstating).	
TITLE P DE QUEIROZ FILHO, JULIO BRUNO 12 MAME 20 BRICKELL KEY DRIVE, APT. 1121 13 STREET ADDRESS 14 CITY-ST-ZIP 17 MAME 17 ST-ZIP 18 MAMIFE 18 MAME					S IN 12
DE QUEIROZ FILHO, JULIO BRUNO SOBRICKELL KEY DRIVE, APT. 1121  JINT-ST-2P  MIAMI FI, 33131  JIA OTY-ST-2P  MIAMI FI, 33131  JIA OTY-ST-2P  MILHO, AHYDE BRAGA RIJA POR DO SOL NO. 25 RIO DE JANEIRO BRAZIL 22793  RIO DE JANEIRO BRAZIL 22793  DELETE  JITLE  MONTEIRO, IVAN B  RIJA JOAQUIM NABUCO 250 APTO 801  BRAZIL CEP 22080-030  BRAZIL CEP 22080-030  DE OLIVEIRA, ALMIR M FERNANDES FIQUEIRA 95 APTO 104 RIO DE JANEIRO BRAZIL CEP  MANE  SIREST ADDRESS  SIREST ADDR					Addition
STREET ADDRESS DITY-ST-ZPP MIAMI FL 33131  1.4 CITY-ST-ZPP MIAMI FL 33131  1.4 CITY-ST-ZPP MAME PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 RIO DE JANEIRO BRAZIL 22793  DELETE  2.1 TITLE  PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 RIO DE JANEIRO BRAZIL 22793  DELETE  3.1 TITLE  MONTEIRO, IVAN B  STREET ADDRESS DITY-ST-ZPP MONTEIRO, IVAN B  STREET ADDRESS BRAZIL CEP 22080-030  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  Change Addition  Addition  FERNANDES FIQUEIRA 95 APTO 104  4.3 STREET ADDRESS DITY-ST-ZPP  MODEL AND ADDRESS DITY-ST-ZPP  DELETE  5.1 TITLE  MAME STREET ADDRESS STREET	• 17 =				
MIAMI FL 33131    L4 CITY-ST-ZIP					
TITLE    DELETE   2.1 TITLE     Change   Addition	ANALM FI AAAAA	N 1. 1121	1		
### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHO, AHYDE BRAGA RUA POR DO SOL NO. 25 ### PILHOR BRAZIL CEP BRAZIL CEP ADDRESS ### PILHOR BRAZIL CEP ADD		DELETE		Chance	Addition
RUA POR DO SOL NO. 25 RIO DE JANEIRO BRAZIL 22793  TITLE  DELETE  3 TITLE  Change  Addition  MONTEIRO, IVAN B  STREET ADDRESS  CITY-ST-ZIP  RIA JOAQUIM NABUCO 250 APTO 801  33 STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  RIA DELETE  41 TITLE  Change  Addition  Addition  DE OLIVEIRA, ALMIR M  FERNANDES FIQUEIRA 95 APTO 104  AS STREET ADDRESS  CITY-ST-ZIP  FITLE  ALCHY-ST-ZIP  FITLE  ACHITY-ST-ZIP					
RIO DE JANEIRO BRAZIL 22793    2 4 CITY-ST-ZIP					
MONTEIRO, IVAN B  WAME MONTEIRO, IVAN B  RUA JOAQUIM NABUCO 250 APTO 801  BRAZIL CEP 22080-030  INTLE  D  DELETE  4.1 ITTLE  Change Addition  Addition  DELETE  4.2 NAME  STREET ADDRESS  DITY-ST-ZIP  RIO DE JANEIRO BRAZIL CEP  DELETE  4.1 ITTLE  Change Addition  4.2 NAME  STREET ADDRESS  DITY-ST-ZIP  INTLE  NAME  STREET ADDRESS  DITY-ST-ZIP  DELETE  5.1 TITLE  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition	DIO DE JANEIRO DOLTIL ANS	7QQ		,	
MONTEIRO, IVAN B RUA JOAQUIM NABUCO 250 APTO 801 BRAZIL CEP 22080-030 34. CITY-ST-ZIP Change Addition FERNANDES FIQUEIRA 95 APTO 104 43. STREET ADDRESS DITY-ST-ZIP BRAZIL CEP ALTITLE DELETE				Change	Addition
STREET ADDRESS CITY-ST-ZIP BRAZIL CEP 22080-030  3.3 STREET ADDRESS CITY-ST-ZIP  DE OLIVEIRA, ALMIR M FERNANDES FIQUEIRA 95 APTO 104 ASSTREET ADDRESS CITY-ST-ZIP  DELETE JELETE			1		
BRAZIL CEP 22080-030  3.4. CITY-ST-ZIP  DE OLIVEIRA, ALMIR M FERNANDES FIQUEIRA 95 APTO 104 A3. STREET ADDRESS CITY-ST-ZIP  DELETE  A4. CITY-ST-ZIP  DELETE  A4. CITY-ST-ZIP  DELETE  DELETE  A4. CITY-ST-ZIP  DELETE  DELETE  5.1 TITLE  AMME  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  DELETE  AMME  6.3 STREET ADDRESS CITY-ST-ZIP  DELETE  6.1 TITLE  AMME  6.3 STREET ADDRESS CITY-ST-ZIP  14. I 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 of the corporation or the receiver or trustee empowered to execute this graport as required by Chapter 607. Florida Statutes, and that my name appears in	, ·	APTO ROI	1		
DE OLIVEIRA, ALMIR M  STREET ADDRESS FERNANDES FIQUEIRA 95 APTO 104  4.3 STREET ADDRESS DITY-ST-ZIP  INTLE  DELETE  DELETE  DELETE  DELETE  5.1 TITLE  Change Addition  5.2 NAME  5.3 STREET ADDRESS DITY-ST-ZIP  INTLE  DELETE  5.4 DITY-ST-ZIP  INTLE  DELETE  6.1 TITLE  WAME  6.3 STREET ADDRESS DITY-ST-ZIP  1.4 I hereby certify that the information supplied with this filling 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 accurrate 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 proport as required by Chapter 607, Florida Statutes; and that my name appears in	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 A 10 001			
DE OLIVEIRA, ALMIR M FERNANDES FIQUEIRA 95 APTO 104 A.3 STREET ADDRESS DITY-ST-ZIP  DELETE DE		DELETE		Change	Addition
FERNANDES FIQUEIRA 95 APTO 104 RIO DE JANEIRO BRAZIL CEP DELETE DELETE STREET ADDRESS DITY-ST-ZIP NAME STREET ADDRESS DITY-ST-ZIP DELETE DELETE DELETE STREET ADDRESS DITY-ST-ZIP DELETE DELETE STREET ADDRESS DITY-ST-ZIP DELETE DELETE G1 TITLE G2 NAME G3 STREET ADDRESS DITY-ST-ZIP G4 TITLE G3 STREET ADDRESS DITY-ST-ZIP G4 TITLE G5 NAME G5 NAME G6 NAME G6 NAME G7 NAM		Em precit		Change	
PRIO DE JANEIRO BRAZIL CEP  4.4 CITY-ST-ZIP  DELETE  5.1 TITLE  STREET ADDRESS  DITY-ST-ZIP  DELETE  6.1 TITLE  Change Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Addition  Change Addition		PTO 104			
DELETE 5.1 TITLE Change Addition  STREET ADDRESS DITY-ST-ZIP DELETE 5.1 TITLE  STREET ADDRESS DITY-ST-ZIP DELETE 6.1 TITLE Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition	DIO DE IMPERO OBARIL OF				
STREET ADDRESS  DETY-ST-ZIP  DELETE  61 TITLE  Change  Addition  62 NAME  63 STREET ADDRESS  DTY-ST-ZIP  6.3 STREET ADDRESS  DTY-ST-ZIP  6.4 CITY-ST-ZIP  6.3 STREET ADDRESS  DTY-ST-ZIP  14. I 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 suppliemental 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 components by Chapter 607, Florida Statutes; and that my name appears in				Change	Addition
STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  5 4 CITY-ST-ZIP  61 TifLE  61 TifLE  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 STREET ADDRESS  64 CITY-ST-ZIP  14. I 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 components by Chapter 607, Florida Statutes; and that my name appears in	} -	Print Charles	1	5.181gs	
STREET ADDRESS  DITY-ST-ZIP  6.1 TifUE  6.2 NAME  6.3 STREET ADDRESS  DITY-ST-ZIP  6.4 CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 NAME  6.7 NAME  6.8 STREET ADDRESS  6.9 STREET A			II .		
DELETE 61 TiTLE  62 NAME  62 NAME  63 STREET ADDRESS  DITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 STREET ADDRESS  64 CITY-ST-ZIP  65 STREET ADDRESS  66 STREET ADDRESS  67 STREET ADDRESS  68 STREET ADDRESS  69 STREET ADDRESS  69 STREET ADDRESS  60 STREET ADDRESS  60 STREET ADDRESS  61 STREET ADDRESS  62 NAME  62 NAME  63 STREET ADDRESS  64 CITY-ST-ZIP  65 STREET ADDRESS  64 CITY-ST-ZIP  65 STREET ADDRESS  66 STREET ADDRESS  67 STREET ADDRESS  67 STREET ADDRESS  68 STREET ADDRESS  69 STREET ADDRESS  69 STREET ADDRESS  60 STREET ADDRESS  61 STREET ADDRESS  62 NAME  62 NAME  63 STREET ADDRESS  64 CITY-ST-ZIP  65 STREET ADDRESS  64 CITY-ST-ZIP  66 STREET ADDRESS  67 STREET ADDRESS  67 STREET ADDRESS  68 STREET ADDRESS  69 STREET ADDRESS  69 STREET ADDRESS  60 STREET ADDRESS  60 STREET ADDRESS  61 STREET ADDRESS  61 STREET ADDRESS  62 NAME  62 NAME  63 STREET ADDRESS  64 CITY-ST-ZIP  65 STREET ADDRESS  66 STREET ADDRESS  67 STREET ADDRESS  67 STREET ADDRESS  67 STREET ADDRESS  68 STREET ADDRESS  69 STREET ADDRESS  69 STREET ADDRESS  60 STREET ADDRESS  60 STREET ADDRESS  61 STREET ADDRESS  61 STREET ADDRESS  61 STREET ADDRESS  61 STREET ADDRESS  62 STREET ADDRESS  63 STREET ADDRESS  64 CITY-ST-ZIP  65 STREET ADDRESS  66 STREET ADDRESS  67 STREET ADDR					
62 NAME 63 STREET ADDRESS EXTY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 Thereby 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 components. Florida Statutes; and that my name appears in		DELETE		Channe	Addition
6.3 STREET ADDRESS  EXTY-ST-ZIP  14. I 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 export as required by Chapter 607, Florida Statutes; and that my name appears in	·			Unlarige	L ragicion
6.4 City-St-Zip  14. I 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 provided by Chapter 607, Florida Statutes; and that my name appears in			•		
14. Thereby 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 general as required by Chapter 607, Florida Statutes; and that my name appears in					
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 period.	CITY-ST-ZIP	with this filling close not availbe to		ed in Section 119.07/3/(i) Florida Statutes I further certify that the	information
officer or director of the corporation of the receiver or trustee empowered to execute this copora as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an absolute with an address	indicated on this annual report or supplementa	al annual report is true and acci	urate and that my sig	mature shall have the same legal effect as if made under oath; that	at I am an
	officer or director of the corporation or the rec Block 12 or Block 13 if changed, or on an after	eiver or trustee empowered to e schmitchwith an address	execute this port a	s required by Chapter 607, Florida Statules; and that my name app	ears in