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FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # P97000025062 (5)

1. Corporation Name

STEAKMASTERS BRAZILIAN RODIZIO, INC.



Principal Place of Business

Mailing Address

25 S.E. 2ND AVE., SUITE 1235
MIAMI FL 33131

25 S.E. 2ND AVE., SUITE 1235
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2121 PONCE DE LEON

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES

Zip FL 33134

Country

25 DADR

2a. Mailing Address

26 2121 PONCE DE LEON

Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES

Zip 33134

Country

29 DADR

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

65-0738911

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTOS, MAURO C
25 S.E. 2ND AVE., SUITE 1235
MIAMI FL 33131

81 Name

JULIO B. DE OLIVEIRA

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

2121 PONCE DE LEON

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

2/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DE QUEIROZ FILHO, JULIO BRUNO
STREET ADDRESS 520 BRICKELL KEY DRIVE, APT. 1121
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME FILHO, AHYDE BRAGA
STREET ADDRESS RUA POR DO SOL NO. 25
CITY-ST-ZIP RIO DE JANEIRO BRAZIL 22793

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME MONTEIRO, IVAN B
STREET ADDRESS RUA JOAQUIM NABUCO 250 APTO 801
CITY-ST-ZIP BRAZIL CEP 22080-030

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DE OLIVEIRA, ALMIR M
STREET ADDRESS FERNANDES FIQUEIRA 95 APTO 104
CITY-ST-ZIP RIO DE JANEIRO BRAZIL CEP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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 (10/97)