

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

APPROVED
AND
FILED

98 OCT 26 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000025086 1. Corporation Name PEAN TRADING CORP.			
Principal Place of Business 25 SE 2ND AVE STE 1235 MIAMI FL 33131		Mailing Address	
2. Principal Place of Business 21 141 NE 3RD AVE Suite, Apt #, etc. 22 STE 304 City & State 23 MIAMI FL Zip 24 33132-2221		2a. Mailing Address 25 141 NE 3RD AVE Suite, Apt #, etc. 26 STE 304 City & State 27 MIAMI FL Zip 28 33132-2221 Country 29 DADE	
9. Name and Address of Current Registered Agent MAURO C. SANTOS 25 SE 2ND AVE STE 1235 MIAMI FL 33131			
10. Name and Address of New Registered Agent 81 Name ANTONIO PEREIRA DAS VINHAS 82 Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVE STE 304 83 84 City MIAMI FL 85 Zip Code 33132			
11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 <i>[Signature]</i> DATE 08/12/98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE ☐ DELETE NAME ANTONIO P. DAS VINHAS STREET ADDRESS RUA JERONIMO MONTEIRO 264302 CITY-ST-ZIP LEBLON RIO DE JANEIRO BRAZIL		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 2000026750124-Addition	
12.2 TITLE ☐ DELETE NAME FERNANDO A. PEREIRA STREET ADDRESS RUA JERONIMO MONTEIRO 264302 CITY-ST-ZIP LEBLON RIO DE JANEIRO BRAZIL		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP -10/28/98--01097--008	
12.3 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP ****\$50.00 ****\$50.00	
12.4 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.5 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.6 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.7 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.8 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.9 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 NAME 13.3 STREET ADDRESS 13.4 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. 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 affidavit with an address.			
SIGNATURE: <i>[Signature]</i>		DATE 08/12/98 (325) 375 7472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)