

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

FILED

May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032473 (5)

1. Corporation Name
MEU BRAZIL BRASILEIRO, INC.

Principal Place of Business
8225 LAKE DRIVE, C-502
MIAMI FL 33166

Mailing Address
8225 LAKE DRIVE, C-502
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2024 NE 161 St Suite, Apt. #, etc. 22 Bay B City & State 23 MIAMI BEACH, FL Zip 24 33162 Country 25 USA		2a. Mailing Address 26 11098 Bonita Drive Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH, FL Zip 29 33141 Country 30 USA		3. Date Incorporated or Qualified 04/10/1997	
		4. FEI Number 63-0744020		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FARBER-PERIN, REGINA C 8225 LAKE DRIVE C-502 MIAMI FL 33166				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	FARBER PERIN, REGINA C	1.2 NAME	FARBER PERIN, REGINA C
STREET ADDRESS	8225 LAKE DRIVE C-502	1.3 STREET ADDRESS	2024 NE 161 Street, Bay B
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	V	2.1 TITLE	VPD
NAME	BARBOSA PERIN, ROBERTO	2.2 NAME	BARBOSA PERIN, ROBERTO
STREET ADDRESS	8225 LAKE DRIVE C-502	2.3 STREET ADDRESS	2024 NE 161 STREET, BAY B
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE:



(President)

04-07-98

305-674-1664

CR2E034 (10/97)