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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000034561 (5)

1. Corporation Name
NEW LAND INT'L BUSINESS CORP.

Principal Place of Business	Mailing Address
2000 ISLAND BLVD. UNIT 909 MIAMI FL 33160	2000 ISLAND BLVD. UNIT 909 MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2000 Island Blvd. Suite, Apt. #, etc. 22 Unit 909 City & State 23 AVENTURA, FL Zip 24 33160 Country 25 U.S.A	2a. Mailing Address 26 2000 Island Blvd. Suite, Apt. #, etc. 27 Unit 909 City & State 28 Aventura, FL Zip 29 33160 Country 30 U.S.A

3. Date Incorporated or Qualified: 04/17/1997

4. FEI Number: ☐ 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
DO NASCIMENTO, JOSE B 848 BRICKELL AVENUE SUITE 625 MIAMI FL 33131	81 Name: Jose, B do Nascimento 82 Street Address (P.O. Box Number is Not Acceptable): 848 Brickell Avenue 83 Suite 625 84 City: Miami FL 85 Zip Code: 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	José Mario Gomes de Carvalho ☐ DELETE 2000 Island Blvd. AP. 909 Aventura, FL 33160 – President	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elmo Ronaldo Teixeira de Carvalho ☐ DELETE 2000 Island Blvd. AP. 909 Aventura, FL 33160 – Secretary	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002552289 -06/09/98--01018--012 ***150.00

CR2E034 (10/97)

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.

SIGNATURE: _____