

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

FILED
Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90002 005 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P97000037274 ✓

1. Corporation Name
MIAMI-BRASIL, INC.

Principal Place of Business Mailing Address
1940 North Hibiscus Dr.
North Miami, Florida 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
April 25, 1997

2. Principal Place of Business	2a. Mailing Address
21 1940 N. Hibiscus Dr., Suite, Apt. #, etc.	26 1940 N Hibiscus Dr., Suite, Apt. #, etc.
22 City & State	27 City & State
23 North Miami, FL 33181	28 North Miami, Florida
24 Zip	29 Zip
33181	33181
25 Miami-Dade	30 Miami Dade

4. FEI Number	Applied For
65-0747651	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Selma Litter
 1940 North Hibiscus Drive
 North Miami, Florida 33181

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 *Selma Litter*

6/14/99

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/S/T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Selma Litter	1.2 NAME	
STREET ADDRESS	1940 North Hibiscus Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	North Miami, Florida 33181	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Selma Litter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99

Date

Daytime Phone #

CR2E034 (1/98)

**MIAMI-BRASIL, INC.
1940 NORTH HIBISCUS DRIVE
NORTH MIAMI, FLORIDA 33161**

577889-90002-5
7970000 37274

DOC # 97000037274

June 14, 1999

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I've have called your office several times requesting the annual report for my corporation MIAMI-BRASIL, INC., when I called in February 25th, 1999, someone at your office told me that one will be sent to me; when I didn't received one, I called again on April 1, 1999; and they told me the same thing that one will be sent to me but I never received one. After that day I could not call again because I was involved in an accident; and had to have surgery. I assumed that you kept records of the request I had made previously, and that you will send my annual report soon, but I never got it; I called again on June 8, 1999, to request another one, but to my good fortune my accountant had one blank annual report and she let me have it. I do not know why after requesting the same thing three times; I still have not received anything. I'm sending you the annual report for my company, and if I ever receive the one I requested, I will save it for next year. Thank you for all your help, and please check your records accordingly; because I have had the same address for the past 10 years.

Very Truly Yours,

Selma Litter