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

PROFIT CORPORATION ANNUAL REPORT

1999

LOUREIRO, CARLOS R

7254 NW54TH STREET

MIAMI FL 33166



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045731

SUPER EXPRESSO BRASILEIRO COURIER CORP

Principal Place of Business	Mailing Address 6020 NW 84TH AVE MIAMI FL 33166			
5020 NW 84TH AVE MIAMI FL 33166				
2. Principal Place of Business 17254 NW 54 ST	2a. Mailing Address 26 7254 NW 54 ST			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State 3 MIAMI - FWMDA	City & State - FORIDA			

9. Name and Address of Current Registered Agent

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90087 014 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/22/1997 4. FEI Number Applied For Not Applicable 65-079<u>1741</u> \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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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.

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City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DATE	,	·
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD DELETE	1.1 TITLE		<u> </u>	Change	Addition
NAME	LOUREIRO, CARLOS R	1.2 NAME				
STREET ADDRESS	7254. NW 54 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP		·-·-		
TITLE	VSD DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GORGULHO, MARCOS	2.2 NAME				
STREET ADDRESS	7254 NW 543T	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP		~		
TITLE	☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS	;	5.3 STREET ADDRESS	-			
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	-		☐ Change	☐ Addition
NAME		6.2 NAME	,			İ
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP	•	6.4 CITY-ST-ZIP				

I hereby certify that the information supplied with this filing doese to 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