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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000049440 (5)

1. Corporation Name

USA-BRAZIL DISTRIBUTORS INC.



Principal Place of Business

Mailing Address

4349 S SEMORAN BLVD
UNIT 5
ORLANDO FL 32822

4349 S SEMORAN BLVD
UNIT 5
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

59-3452760

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

2. Principal Place of Business

21 4793 CASON COVE DRIVE
Suite, Apt. #, etc.

22 UNIT #807

23 ORLANDO FL

24 32811 Country 25 USA

2a. Mailing Address

26 4793 CASON COVE DR.

27 UNIT #807

28 ORLANDO FL

29 32811 Country 30 USA

9. Name and Address of Current Registered Agent

COELHO, VINCENT C
4349 S SEMORAN BLVD
UNIT 5
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name COELHO, VINCENT C.

82 Street Address (P.O. Box Number is Not Acceptable)

4793 CASON COVE DRIVE

83 UNIT 807

84 City ORLANDO

FL

85 Zip Code 32811

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 Vincent C. Coelho

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/98

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COELHO, VINCENT C
STREET ADDRESS 4349 S SEMORAN BLVD UNIT 5
CITY-ST-ZIP ORLANDO FL 32822

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME COELHO, VINCENT C.
1.3 STREET ADDRESS 4793 CASON COVE DR. UNIT 807
1.4 CITY-ST-ZIP ORLANDO FL 32811

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE Vincent C. Coelho

4/18/98 (1.4) 200-7217

CR2E034 (10/97)