

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

FILED

May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000049604 (6)**

1. Corporation Name

**EUROBRAS INTERNATIONAL, CORP.**



Principal Place of Business <b>2944 NW 99 TERRACE SUNRISE FL 33322</b>	Mailing Address <b>2944 NW 99 TERRACE SUNRISE FL 33322</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/05/1997</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
2. Principal Place of Business				4. FEI Number <b>65-0766392</b>	
21 Suite, Apt. #, etc.				Applied For Not Applicable	
22 City & State				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DE ANDRADE, MARIA CRISTINA  
2944 NW 99 TERRACE  
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name <b>ALFREDO DE ANDRADE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2944 N.W. 99TH TERRACE</b>
83
84 City <b>SUNRISE</b>
85 Zip Code <b>FL 33322</b>

11. Pursuant to the provisions of Sections 607.0505 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 of registered agent or person authorized to file this report

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/V/S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DE ANDRADE, MARIA CRISTINA</b>		1.2 NAME <b>DE ANDRADE, ALFREDO</b>	
STREET ADDRESS <b>2944 NW 99 TERRACE</b>		1.3 STREET ADDRESS <b>2944 NW 99TH TERRACE</b>	
CITY-ST-ZIP <b>SUNRISE FL 33322</b>		1.4 CITY-ST-ZIP <b>SUNRISE, FLORIDA 33322</b>	
TITLE <b>YSD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELEMOS, DEUSCELIA O</b>		2.2 NAME	
STREET ADDRESS <b>2944 NW 99 TERRACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SUNRISE FL 33322</b>		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 changes, or an attachment with an address.

SIGNATURE:

04-13-98

CR2E034 (10/97)