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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

IIu- IItsu Graden & /Cal, INC BraziLIAN

FILED Jun 19 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
1809.3 East Colon	IAL Rn.			
orlando, Fl 32803		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified	
			November 13, 1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1 1809-3 East COLONIA	9 (NA 26)		59-3412900	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
3 Orlando, FC	28		Trust Fund Contribution	Added to Fees
Zip Country	Žηγ	Country	8. This corporation owes or has paid the	current year Intangible
4 \$2803 25	29	30	Personal Property Tax due June 30.	X Yes No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registere	ed Agent
m		81 Name		
Marcio Simas	_	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1809-3 East Color		83		
orlando, Fl 328	0.6.2	63		
D1.00.100 / 328	003	84 City		85 Zip Code
44 5	(0) 00		prporation submits this statement for the purpose	
Signature, typed or pointed name of registere		NOTE Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	
Signature, typed or pointed name of registere		 <u></u>	·	
Signature, typed or profiled name of registere 12. OF JCFRS	S AND DIRECTORS	13.	pured when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
Signature, typed or printed name of regishere 2. OF JCFRS	S AND DIRECTORS	13. 1.1 TITLE	·	AND DIRECTORS IN 12
Signature is paid or pointed name of registers 12. POFEI DESTRICTERS ITLE Mancio Sima IBO9-3 F. Color Street ADDRESS	SAND DIRECTORS S DELFTE LONIAL Q	13. 1.1 TILE 1.2 NAME	·	AND DIRECTORS IN 12
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indicated on this annual report or supplicational annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the combration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.