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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CIGNATURE

5201 BLUE LAGOON DRIVE

P97000070776 (4)

Mailing Address

5201 BLUE LAGOON DRIVE

TETRIS INVESTMENTS INC.

SUITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE MIAM! FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 08/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0788198 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SKOLA, THOMAS J **5201 BLUE LAGOON DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 MIAMI FL 33126 **B4** 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 affice 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 11 TITLE Change Addition TITLE Director 1.2 NAME NAME Antonio Pacheco STREET ADDRESS 1.3 STREET ADDRESS **Al**ameda Argentina 823 1.4 CITY - S1 - ZIP CITY-ST-ZIP Barueri-SP-Brazil DELETE Change Addition TITLE 2.1 TITLE Director NAME 2.2 NAME Helana Pacheco STREET ADDRESS 2.3 STREET ADDRESS Alameda Argentina, 823 2. 4 CITY-ST-ZIP CITY-ST-ZIP Barueri-SP-Brazil DELETE 3.1 HTLE ☐ Change ■ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Addition TITLE 61 THLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7/P 14. Thereby 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 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 chapted, or on an attainment with an address.

SIGNATURE: