SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # P9700094090 (2) A BRASILEIRA CORP.

FILED Aug 26 1998 8:00am Secretary of State

A BRASILEIRA CORP.									
Principal Place of Business Mailing Address								- 1301/001 1/0 1081/180/1 00/16 00/16 00/16 00	0140 181 11 01011 60110 10111 1041 1001
19 S.E. 2ND AVENUE 19 S.E. 2ND AVENUE									•
MIAMI FL MIAMI FL								DO NOT WOITE IN	THO ODAOC
								DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE
								10/22/1997	
2. Principal f	Place of Bus	iness	2a. Ma	2a. Mailing Address				4. FEI Number	Applied For
21			26					65-0804762	Not Applicable
Suite, Apt	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & Sta	nte		27 City	City & State				6 Election Compaign Financian	Fee Required
23			<u> </u>	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip		Cour	ntry		8. This corporation owes or has paid the	
24 33	3131	25	29	33131	30			Personal Property Tax due June 30.	X Yes No
		e and Address of Cur	rent Registere	d Agent		<u> </u>		10. Name and Address of New Register	ed Agent
GONZALEZ, RICARDO A						81 Name	LO	REHZO GIHZALEZ FE	RHAHDEZ
28 WEST FLAGLER STREET						82 Street	Addres	ss (P.O. Box Number is Not Acceptable)	
	TE 600 MI FL 3313	10					s.E.	ZNO AVE. SOUTH STORE	#B, ARCADE
MIA	MI FL 3313	10	^			83			
		\sim 1	\mathcal{U}		ĺ	84 City	hiA	Mi, FL	85 Zip Code
11. Pursuant to the provisions of sections/60/, 0502 and 607, 1508. Florida Statutes, the						ve-named o	corporat	tion submits this statement for the purpose of	
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. of poth, 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 appropriate appointment of the purpose of changing its registered agent. I am familiar with appropriate appointment of the provisions of sections 607.0505. Florida Statutes.									
SIGNATURE	11 2000	MAN ATHY (WITH	マミシハバル	PLOORHY	n GON.	100. 74 K 7	FR	KMANOBE I	,
	Signature, type		agent and/title if applic	cable (N	IOTE: Register	ad Agent signati	ura require	ed when reinstating) DAT	E
12.	T	OFFICERS	AND DIRECTO	F-45	13.		TA	ADDITIONS/CHANGES TO OFFICERS	
TITLE	i ·			DELETE	1.1 7171		P	BUT A CAUT	Change Addition
NAME STREET ADDRESS					1.2 NA)			BHZO GONZALBZ FERNANDBZ BRICKBLL BAY DR. # 749	i i
CITY-ST-ZIP	1 (i)					EET ADDRESS Y-ST-ZIP		AMÎ, FL. 33131	. Part of the state of the stat
TITLE	-			DELETE	2.1 TITL		D	33131	Change Addition
NAME				Deterie	2.2 NAM		FRE	DDY LEBEMA SERRAHD	Crisinge LA Addition
STREET ADDRESS					2.3 STR	EET ADDRESS	314	SW 6 AVE. APTV. # Z	
CITY-ST-ZIP					2.4 CIT	Y-ST-ZIP	mi	AMI, FL. 33130	
TITLE				DELETE	3.1 TITL	E			Change Addition
NAME					3.2 NAM	4E			
STREET ADDRESS					3.3 STR	EET ADDRESS			
CITY-ST-ZIP						r-ST-ZIP			
TITLE				L DELETE	4.1 TITL				Change Addition
NAME					4.2 NAM				
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP TITLE	 				4.4 CITY 5.1 TITL	/-ST-ZIP			
NAME]			L DELETE	5.1 IIIL		1		☐ Change ☐ Addition
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP						-ST-ZIP			
TITLE	-			DELETE	6.1 TITL				Change Addition
NAME					6.2 NAM				Cuanãa [1] Modrou
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP					6.4 CITY				
14 I haraby o	artifu that the	information augminet u	ith this filing day	on not qualify for				# 440 07/0\()\ Fig. 22- 04-4-4-1 (4-4)	2 0 10 12 0

4. 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.

REQUIRED

CICALATUDE. SAMONIA

8-12-96

(300) 3EB- ROHO