

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000002716

1. Corporation Name
BRAZILIAN TRADING CORP.

Principal Place of Business
1401 NORTHWEST 22ND STREET
MIAMI FL 33142

Mailing Address
1401 NORTHWEST 22ND STREET
MIAMI FL 33142

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90071 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1998

4. FEI Number
65-0806239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 915 Middle River Dr.
22 Suite/Apt. #, etc. 103-D
23 City & State Ft. Lauderdale, FL
24 Zip 33304 25 Country USA
26 Mailing Address
27 915 Middle River Dr.
28 Suite/Apt. #, etc. 103-D
29 City & State Ft. Lauderdale, FL
30 Zip 33304 31 Country USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name Roger C. Sorroche
82 Street Address (P.O. Box Number is Not Acceptable) 915 Middle River Dr.
83 # 103-D
84 City Ft Lauderdale FL 85 Zip Code 33304

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BRAGA, LUIZ
STREET ADDRESS 8000 WEST DRIVE #210
CITY-ST-ZIP MIAMI FL 33141

TITLE D
NAME SORROCHE, ROGER C
STREET ADDRESS ~~8215 LAKE DRIVE #B502~~
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 915 Middle River Dr. Suite 103-D
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-718-8450

Daytime Phone #

CR2E034 (11/98)