Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90054 014 ***150.00

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 #	P98000004660
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DOCUMENT # P9800004660 BRAZILIAN CULTURAL CENTER, INC.		
Principal Place of Business Mailing Address	I INDIINDO ILA INCO INVIL BUILL DULIS ADILI DULIS	BOTH BIBIO BILLO CHEL BEIL CONT
370 NE 213TH STREET N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 01/02/1998	SPACE
Principal Place of Business 2a. Mailing Address	4. FEI Number	Applied For
21 26	65-0803807	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional
27	5. Certificate of Status Desired	Fee Required
City & State City & State 23 28	e. d Election Campaign Financing □ Trust Fund Contribution	\$5:00 May Be Added to Fees
Zip Country Zip	ountry 8. This corporation owes the current year In	
24 25 29 30	Personal Property Tax.	✓Yes No
Name and Address of Current Registered Agent	10. Name and Address of New Registered	Agent
DE FREITAS, CLAUDE A 370 NE 213TH STREET	82 Street Address (P.O. Box Number is Not Acceptable)	
N. MIAMI BEACH FL 33179	83	
	84 City	85 Zip Code
OFFICEOR AND DIRECTORS	atures. ed Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	29/99
The control of the co	TIME .	☐ Change ☐ Addition
	NAME	
	STREET ADDRESS	
1	CITY-ST-ZIP	
	TITLE	☐ Change ☐ Addition ☐
NAME DE FREITAS, CARMEN O	NAME .	
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	CITY-ST-ZIP	☐ Change ☐ Addition
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511.EC77.553.E55	City-st-zip	
	TITLE	☐ Change ☐ Addition
	NAME	
	STREET ADDRESS	ļ
	CITY-ST-ZIP	
	TITLE	☐ Change ☐ Addition

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 of 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, of on an adachment with an address, with pill other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS