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PROFIT CORPORATION ANNUÁL REPORT

- 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023324

BEIRA INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90070 014 ***150.00

Mailing Address Principal Place of Business 7006 57/58 W. PALMETTO PARK RD. 7036 57/58 W. PALMETTO PARK PD. **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/11/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-08 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees - Trust Fund Contribution 23 28 Country B. This corporation owes the current year Intangible Ζp Personal Property Tax. 30 25 24 10. Name and Address of New Register 9. Name and Address of Current Registered Agent 81 Name BEIRA, NUNO Street Address (P.O. Box Number is Not Acceptable) 7036 57/58 W. PALMETTO PARK RD. **BOCA RATON FL 33433** Zip Code City 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 objections of Section 607.0505, Florida Statutes. SIGNATURE INOTE: Registered Agent signature re-CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME BEIRA, NUNO NAME 11169 N.W. 39TH ST.,APT 204 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP SUNRISE FL 33351 C/TY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3 1 TITLE TITLE 32 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZP - Change Addition DELETE-41 TILE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE \$1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZEP Addition ☐ Change &1 TILE DELETE TITLE 62 NAME NAME 6.3 STREET ADORESS STREET ADDRESS RACITY-ST-ZIP 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 off agrattachment with an oaddress, with all other like empowered.

SIGNATURE:

SKRIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 8954-7496238