


**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90048 035 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000051347</b>					
<b>1. Corporation Name</b> <b>EQUATOR BR-USA CORPORATION</b>					
<b>Principal Place of Business</b> 7345 SAND LAKE ROAD SUITE 31 ORLANDO FL 32819			<b>Mailing Address</b> 7345 SAND LAKE ROAD SUITE 31 ORLANDO FL 32819		



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 7345 SAND LAKE ROAD Suite, Apt. #, etc. 22 318 City & State 23 ORLANDO, Florida Zip Country 24 32819 25 U.S.A.		<b>2a. Mailing Address</b> 26 7345 SAND LAKE ROAD Suite, Apt. #, etc. 27 318 City & State 28 ORLANDO, Florida Zip Country 29 32819 30 U.S.A.		<b>3. Date Incorporated or Qualified</b> 06/09/1998 <b>4. FEI Number</b> 593518049 Applied For <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees <b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>9. Name and Address of Current Registered Agent</b> DE CASTRO SILVA, ANNA CHRISTINA G 7345 SAND LAKE ROAD SUITE 318 ORLANDO FL 32819		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ELOY, ANTONIO LUIZ G 7345 SAND LAKE ROAD SUITE 31 ORLANDO FL 32819	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ELOY, CYRO ECKHARDT 7345 SAND LAKE ROAD SUITE 31 ORLANDO FL 32819	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TSD DE CASTRO SILVA, ANNA CHRISTINA G 7345 SAND LAKE ROAD SUITE 31 ORLANDO FL 32819	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** *Anna Christina G. de Castro Silva*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/99 (407) 363.1757  
 Date Daytime Phone

CR2E034 (11/98)