

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90113 038 ***150.00

DOCUMENT # P98000065563

1. Corporation Name
SMILE BRAZIL, INC.

Principal Place of Business
3047 NW 91ST AVE. APT. 101
CORAL SPRINGS FL 33065

Mailing Address
3047 NW 91ST AVE. APT. 101
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1998

4. FEI Number
65-084 7500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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
21 760 W SAMPLE RD

2a. Mailing Address
26 760 W SAMPLE RD

Suite, Apt. #, etc.
22 # 5

Suite, Apt. #, etc.
27 # 5

City & State
23 POMPANO BEACH FL

City & State
28 POMPANO BEACH FL

Zip Country
24 33064 25 USA

Zip Country
29 33064 30 USA

9. Name and Address of Current Registered Agent

SOUZA, FATIMA MONICA
3047 NW 91ST AVE. APT. 101
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name FATIMA MONICA SOUZA
82 Street Address (P.O. Box Number is Not Acceptable)
160 W SAMPLE RD #5
83
84 City POMPANO BEACH FL 85 Zip Code 33064

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SOUZA, FATIMA MONICA	3047 NW 91ST AVE. APT. 101	CORAL SPRINGS FL 33065	<input type="checkbox"/>
VPD	SOUZA, MARCO ANTONIO	3047 NW 91ST AVE. APT. 101	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Daytime Phone #

(954) 7889070

CR2E034 (11/98)