


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90006 033 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000067988					
1. Corporation Name LITTLE BRAZIL, INC.					
Principal Place of Business 3118 N. FEDERAL HWY. POMPANO BEACH FL 33064			Mailing Address 3118 N. FEDERAL HWY. POMPANO BEACH FL 33064		
DO NOT WRITE IN THIS SPACE					
3. Date incorporated or Qualified 08/04/1998					
2. Principal Place of Business 21 3118 and 3120 N. Federal Hwy Suite, Apt. #, etc.				4. FEI Number 65-0856988	
22 Pompano Beach, FL City & State Zip 33064 Country USA				Applied For Not Applicable	
23 Pompano Beach, FL City & State Zip 33064 Country USA				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33064 25 USA 26 3118 and 3120 N. Federal Hwy 27 Pompano Beach, FL 28 Pompano Beach, FL 29 33064 30 USA				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DE SOUZA, ISABEL 3118 N. FEDERAL HWY. POMPANO BEACH FL 33064				10. Name and Address of New Registered Agent	
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.				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE Isabel Souza (ISABEL DE SOUZA) DATE 07/03/99				(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PD/M 1.2 NAME JOSE ALVES DE SOUZA 1.3 STREET ADDRESS 2979 NW 92 AVE 1.4 CITY-ST-ZIP CORAL SPRING, FL 33065					
2.1 TITLE VD/T 2.2 NAME NIELSEN ALVES DE SOUZA 2.3 STREET ADDRESS 2981 NW 92 AVE 2.4 CITY-ST-ZIP CORAL SPRING, FL 33065					
3.1 TITLE S. 3.2 NAME TERESA CRISTINA DE SOUZA 3.3 STREET ADDRESS 2981 NW 92 AVE 3.4 CITY-ST-ZIP CORAL SPRING, FL 33065					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 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.					
SIGNATURE: Isabel Souza (ISABEL DE SOUZA) DATE 07/03/99					

CR2E034 (5/99)