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- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P98000088726

## FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90115 021 \*\*\*150.00

EXPAND GROUP SAO PAULO, INC. Mailing Address Principal Place of Business 11925 DERBYSHIRE DR 11925 DERBYSHIRE DR **TAMPA FL 33626** TAMPA FL 33626 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/16/1998 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible ΠNo 30 Personal Property Tax. 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BISHINS, LARRY V 82 Street Address (P.O. Box Number is Not Acceptable) 4548 N FEDERAL HWY FT LAUDERDALE FL 33308 83 Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE ☐ Addition TITLE 1.1 TITLE SCHMIDT, STEVEN 12 NAME NAME 11925 DERBYSHIRE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33626 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 51 TM F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 both an address, with all other like empowered.

SIGNATURE:

FFICER OR DIRECTOR

CR2E034 (11/98)