

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90026 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000097665

1. Corporation Name

CONEXAO BRASIL BUSINESS, INC.

Principal Place of Business

210 LAKEVIEW DRIVE
BUILDING 7, SUITE 302
WESTON FL 33326

Mailing Address

210 LAKEVIEW DRIVE
BUILDING 7, SUITE 302
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

650876384

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing ☐**\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Juliana Aquilino Franco
82 Street Address (P.O. Box Number is Not Acceptable)	3961 N. Federal Hwy
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

23-1-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PSID
NAME	SERRA, PAULO M
STREET ADDRESS	210 LAKEVIEW DRIVE
CITY-ST-ZIP	WESTON FL 33326

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23-1-99

Date

(954) 3857684

Daytime Phone #

CR2E034 (1/98)