PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000097665

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

04-20-1999 90026 004 ***150.00

CONEX	ON NAME AO BRASIL BUSINESS, INC	C.	•		
Principal Plac	ce of Business	Mailing Address		1 (TALIERI I) & Stat Inti) betil antu abtu abt	ill illen ill bis bisid twen bin cast
210 LAKEVIEW DRIVE 210 LAKEVIEW DRIVE BUILDING 7. SUITE 302 BUILDING 7. SUITE 302 WESTON FL 33326 WESTON FL 33326				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 11/20/1998	- l
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 76384	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year Personal Property Tax.	Intangible
24	25 9. Name and Address of Curre		<u>o </u>	10. Name and Address of New Registers	
	λ		81 Name	1/2 1/2	Franca
	ERILAWYER		82 Street Add	ress (P.O. Box Number is NouAcceptable)	11. 11.
	ALMERIA AVENUE RAL GABLES FL 33134		399	of N. Lederal	14mx :
00	HAL GADLES FL 33134		63	Λ	
	•		84 City	mpano Beach F	L 85 733064
11. Pursuant	t to the provisions of Sections 607.05	502 and 607. 1508, Florida Statutes	, the above-named con	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or agent. I :	registered agent, or both in the State am familiar with, and account the colly	e of Florida. Such dhange was aut pations of, Section 607.0505, Florid	nonzed by the corporati la Statut <i>e</i> s.	on's board of directors, i hereby accept the approximation 23 - 1 - 9	2
SIGNATURE	~1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	~ 0.1	\sim	ZJ-1-1)	/ 1 '
			1		
	Signature, typed or printed name of registered ag	pent and tile if applicable (NOYE: R	dustered Agent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered ag		dgistered Agent algrature require 13. 1.1 TITLE		
12.	Signature, typed or strend name of registered ag OFFICERS A	pent and tile if applicable (NOTE: R	dgistered Agent algreture require 13.	ed when reinstating) DATE	
12. TITLE	Signature, hyped or printed name of required as OFFICERS A PSTD SERRA, PAULO M	pent and tile if applicable (NOTE: R	Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	
12. TILE NAME	Signature, hyped or printed name of required as OFFICERS A PSTD SERRA, PAULO M	pent and till of applicable UND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	ed when reinstating) DATE	AND DIRECTORS IN 12 Change Addition (34)
12. TITLE NAME STREET ADDRESS	Signature, hyped or printed name of required ap OFFICERS A PSTD SERRA, PAULO M s 210 LAKEVIEW DRIVE	pent and tile if applicable (NOTE: R	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE	ed when reinstating) DATE	AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature, hyped or planted name of required ag OFFICERS A PSTD SERRA, PAULO M s 210 LAKEVIEW DRIVE WESTON FL 33326	pent and till of applicable UND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating) DATE	AND DIRECTORS IN 12 Change Addition (34)
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4. 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 ap address, with all other interests.

SIGNATURE:

TURE AND TYPED OR PRINTED HAME OF SKIMBYD OFFICER OR DARRECTOR

23-1-99

(954) 3857684 Daysigle Phone #