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

DOCUMENT # DOCOCOLOGGO

1. Corporation Name)102622			
BRITEL BUSINESS & MARKETING,	INC.			12 20 11 0 31 020 6 (11 0 12010 1101 1001
Principal Place of Business	Mailing Address		T TREATHER AND AND A SOUTH BOTT OF THE STATE AND A STA	17 68130 31010 6 111 8 11 036 11 0 1 1 00 1
1, N.E. 1 STREET	1 N.E. 1 STREET			
SUITE 203	SUITE 203	,	DO NOT WRITE IN TI	HIS SPACE
MIAMI FL 33132	MIAMI FL 33132		3. Date Incorporated or Qualifed	IIO OF AGE
			12/07/1998	
2. Principal Place of Business	2a. Mailing Address	# ***	4 FFI Number	Applied For
21	26		65-0879950	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible
24 25	29	30	Personal Property Tax.	☐ Yes No
9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
CDANCEIDO EL CADAIVA		o i Name		
Grangeiro, el Saraiva 1 n.e. 1 street		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	,
SUITE 203	/ /			
MIAMI FL 33132	/ /	83		,
MIAMI PL 33132	1 /	84 City		85 Zip Code
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obline.				EL 65 2.15 0000
SIGNATURE Signature, typed or difficility different registered		E: Registered Agent signature requ		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE PD	DELETE	1.1 TITLE		□ Change □ Addition
MAME GRANGEIRO, EL SARAÍVA	· ·	1.2 NAME		
STREET ADDRESS 1 N.E. 1 STREET, SUITE 203		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33132	☐ DELETÉ	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
SD S	□ beceie	2.1 NAME		C ourside C vicense
NAME BRITO, LANDULFO		2.3 STREET ADDRESS		
STREET ADDRESS 1 N.E. 1 STREET, SUITE 203				
CITY-ST-ZIP MIAMI FL 33132	ELETE	2. 4 CfTY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME DA COSTA IDILIO GOMES				
STREET ADDRESS 1 N.E. 1 STREET SUITE 203		3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33132		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	│ □ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	/	6.2 NAME		
STREET ADDRESS	\ /	6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90010 039 ***158.75