Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90081 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S78448**

1. Corporation Name

	ATIONAL BRAZILIAN AUVE	THOMA COM CHANG	N .					
Principal Plac	ce of Business	Mailing Address				-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	INIC BIBLI DIBIL BIBLI I	HON CAN'N IACH
801 BRICKELL BAY DRIVE #19 MIAMI FL 33131		801 BRICKELL BAY DRIVE #19 MIAMI FL 33131						
US US						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
2 Oringinal O	Place of Business	2a, Mailing Address				09/09/1991 4. FEI Number	1.1.	
— ·	race or business	⊢ , ,				1 "		plied For t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				65-0288886	\$8.75	<u> </u>
22	. ", 500.	27				5. Certificate of Status Desired	Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	•
23		28				Trust Fund Contribution	Added 1	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
•	9. Name and Address of Curre	nt Registered Agent	· ·		,	10. Name and Address of New Registe	red Agent	
				81 18	Name	•	•	
	RETI, MARCO A			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	BRICKELL BAY DRIVE #19		į			,	•	
MIAI	MI FL 33131		İ	83				
	•	/	ŀ	84 (City		85 Zip (Code
					•		-L	
11. Pursuant office or r agent. I a	/ /	22 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the ab uthorized rida Statu	ove-n by the tes.	named corpo e corporation	pration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing its opointment as re-	registered gistered
SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	· Registered		gnature required			
			. I togistered a	agent sig	Sustaine redouien	when reinstating) DATE	· '	
12.	OFFICERS AI	ND DIRECTORS	13.	Agent siç	gnature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
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14. I hereby certify that the information supplied with this filing does not cualify 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, with all other like empowered.

SIGNATURE: