
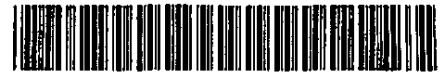


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90053 001 \*\*\*150.00

<b>DOCUMENT # S78448</b>			
1. Entity Name <b>INTERNATIONAL BRAZILIAN ADVERTISING CORPORATION</b>			
Principal Place of Business <b>801 BRICKELL BAY DRIVE BOX 19 MIAMI FL 33131 US</b>		Mailing Address <b>801 BRICKELL BAY DRIVE BOX 19 MIAMI FL 33131 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0288886</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ARRIARAN, MIRTHA 905 BRICKELL BAY DRIVE LOBBY MIAMI FL 33131</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P SOARES, RODRIGO 801 BRICKELL BAY DRIVE, BOX 19 MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BYPT D/P ARRIARAN, MIRTHA 801 BRICKELL BAY DRIVE, BOX 19 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <b>April 20 04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E034 (11/03)

Attachment  
66414060  
#S78448

# FLORIDA REVIEW

April 6, 2004

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Document #S78448  
FEI Number 65-0288886

Please be advised that Rodrigo Soares, former President of International Brazilian Advertising Corporation, has passed way on December 1, 2003. (See attached certificate of death). Thus, please remove his name as President from the Corporation Annual Report. With that being sad, please be advised that the new President of International Brazilian Adverstising Corporation is Mirtha Arriaran; please place her name as the new President of International Brazilian Advertising Corporation on your Corporation Annual Reports. Should you have any further questions please fell free to contact me directly.

Sincerely,



Mirtha Arriaran

Mailing Address: 801 Brickell Bay Drive, Box 19, Miami, FL 33131 - Ph. 305 374-5235 fax 305 358-9456

attachment

600414060

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

# ST 30478

FLA

DO NOT PRINT IN  
BLACK INK

1. DECEASED'S NAME (Last, First, Middle, Last)		RODRIGO LISBOA SOARES		2. SEX	MALE
3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years, Months, Days)	5b. UNDER 1 YEAR (Months, Days, Hours, Minutes)	6. UNDER 1 DAY (Hours, Minutes, Seconds)	
Found: December 1, 2003	594-98-8846	65	22	11	17
7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH PLACE (City and State or Foreign Country)	9. I WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes or No)			
May 5, 1940	Sao Paulo, Brazil	No			
10. PLACE OF DEATH (Check only one; see instructions on other side)				11. INSIDE CITY LIMITS? (Yes or No)	
Hospital (Specify) _____ Environment _____ DCA _____ Other _____ Nursing Home _____ Residence _____ Other (Specify) _____				Yes	
12. FACILITY NAME (If not institution, give street and number)		13. CITY, TOWN, OR LOCATION OF DEATH		14. COUNTY OF DEATH	
1717 N. Bayshore Drive #2232		Miami		Miami-Dade	
15. DECEASED'S USUAL OCCUPATION	16. KIND OF BUSINESS/INDUSTRY	17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	18. SURVIVING SPOUSE (If wife, give maiden name)		
Pub. Inter.	News Paper	Married	Lucia Lopez		
19. RESIDENCE - STATE	20. COUNTY	21. CITY, TOWN, OR LOCATION	22. STREET AND NUMBER		
Florida	Miami-Dade	Miami	1717 N. Bayshore Drive #2232		
23. INSIDE CITY LIMITS? (Yes or No)	24. ZIP CODE	25. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Mexican, Cuban, Puerto Rican, etc.)	26. RACE - American Indian, Black, White, etc. (Specify)	27. DECEASED'S EDUCATION (Specify only highest grade completed)	
Yes	33132	Brazilian	White	High School	
28. INFORMANT'S NAME (First, Middle, Last)		29. MOTHER'S NAME (First, Middle, Maiden Surname)			
Rodrigo Soares Jr.		Leontina Prado Lobo			
30. INFORMANT'S ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		31. MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Lucia Soares		1717 N. Bayshore Dr # 2232, Miami, Florida 33132			
32. METHOD OF DISPOSITION		33. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		34. LOCATION - City or Town, State	
Burial _____ Cremation _____ Personal from State _____ Other (Specify) _____		Van Orsdel Crematory		Miami, Florida	
35. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS BURIAL AGENT		36. LICENSE NUMBER (of Licensee)	37. NAME AND ADDRESS OF FACILITY		
<i>[Signature]</i>		3039	Van Orsdel Coral Gables Chapel 4600 SW 8 St, Coral Gables, FL 33134		
38. DATE SIGNED (Month, Day, Year)		39. HOUR OF DEATH	40. DATE SIGNED (Month, Day, Year)		41. HOUR OF DEATH
December 3, 2003			December 3, 2003		Found: 9:30AM
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43. MEDICAL EXAMINER'S CASE #			
Matthew J. Bowes, MD		10-3-11-05-22-84-1			
44. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type or Print)		45. MEDICAL EXAMINER DEPARTMENT NUMBER ONE ON BOB HOPE ROAD, MIAMI, FLORIDA 33136			
Matthew J. Bowes, MD		DEC 15 2003			
46. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or asphyxiation. List only one cause on each line.					
Immediate Cause (From Statement of Coroner or Physician if death occurred in hospital)					
Pending Further Investigation (March 3, 2003)					
47. PART II: Cause(s) of death (List all causes contributing to death, but not including the underlying cause given in Part I)					
48. 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) YES					
49. 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) NO					
50. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) YES					
51. PROBABLE MANNER OF DEATH (Specify): Natural, Accidental, Suicide, Homicide, or Undetermined		52a. DATE OF INJURY (Month, Day, Year)	52b. TIME OF INJURY	52c. INJURY AT WORK? (Yes or No)	52d. DESCRIBE HOW INJURY OCCURRED
Undetermined					
53. PLACE OF INJURY - At home, farm, street, school, etc. (Specify)		54. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Marnie Dardas*  
State Registrar

DEC 15 2003  
State Registrar



WARNING  
14992088

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DCH FORM 11564 (10-98)

CERTIFICATION OF VITAL RECORD