FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:17

DOCUMENT # V04362 (2)

1. Corporation Name
U.S. BRASIL TRADING CORP.

Principal Place of Business	Mailing Address
150 SE 2ND AVE 606 MIAMI FL 33131 US	~~12085 SW 18TH ST #2~~ ~~MIAMI FL 33175~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 150 SE 2ND AVE	12/05/1991	02/03/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22	27 606	65-0333700	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28 MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 33131 / 30 USA		

9. Name and Address of Current Registered Agent

LEITE, ALEXANDER M.
~~12085 SW 18TH ST #2~~
~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 12253 SW 16th TER #105

83

84 City MIAMI FL 85 Zip Code 33175

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 _____ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LEITE, ALEXANDER M.	12 NAME	
STREET ADDRESS	~~12085 SW 18TH ST #2~~	13 STREET ADDRESS	12253 SW 16 TER. # 105
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	HIAMI, FL 33175
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	LEITE, KENYA B.	22 NAME	
STREET ADDRESS	~~12085 SW 18TH ST #2~~	23 STREET ADDRESS	12253 SW 16 TER. #105
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	HIAMI, FL 33175
TITLE	~~SD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~LEITE, CLAUDIO PERCIO~~ C.	32 NAME	
STREET ADDRESS	~~12085 SW 18TH ST #2~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an address.

SIGNATURE: X [signature] KENYA LEITE 02/09/95 (SD) 579-9161
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0191025 CP