

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

**APPROVED
AND
FILED**

95 APR 26 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V11851 (5)

1. Corporation Name

CANAL BRAZIL, INC.

Principal Place of Business

Mailing Address

~~801 N. VENETIAN DR.~~

~~801 N. VENETIAN DR.~~

~~APT. 407~~

~~APT. 407~~

~~MIAMI BEACH FL 33130~~

~~MIAMI BEACH FL 33130~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1992

3a. Date of Last Report

06/13/1994

4. FEI Number

65-0333457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2920 NW 7th Street

26 2920 NW 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, FL 33125

28 Miami, FL 33125

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

~~FD~~

NAME

~~FERRERA, JOAQUIN ANTONIO~~

STREET ADDRESS

~~801 N. VENETIAN DR.~~

CITY - ST - ZIP

~~MIAMI BEACH FL 33130~~

TITLE

~~SV~~

NAME

~~CAMARGO, MARTHA LOPES~~

STREET ADDRESS

~~801 N. VENETIAN DR.~~

CITY - ST - ZIP

~~MIAMI BEACH FL 33130~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D/p

Joaquim A. Ferreira Netto
c/o 2920 NW 7th Street

Miami, FL 33125

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D/VP/S

Martha Lopes Camargo
2920 NW 7th Street

Miami, FL 33125

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Lopes Camargo, Vice President

(305) 441-2040