FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V20870** **(4)**

1. Corporation Name

BRASUSA TRADING COMPANY

Principal Place of Business
150 S.E. 2ND AVENUE
403
MIAMI FL 33131
US

Mailing Address
150 S.E. 2ND AVENUE
403
MIAMI FL 33131
US

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21 2905 N.W. 87 AVE.
Suite, Apt #, etc
22
City & State
23 MIAMI, FL.
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 2905 N.W. 87 AVE.
Suite, Apt #, etc.
27
City & State
28 MIAMI, FL.
Zip 29 33172 Country 30 USA

4. FEI Number: 65-0330456 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGREDO, FRANK J.
3191 CORAL WAY
SUITE 510
MIAMI FL 33145

10. Name and Address of New Registered Agent

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] PRESIDENT DANIEL OHEV-ZION 3-15-96
Signature, Typed or Printed Name, Title — Registered Agent Signature — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	OHEV-ZION, DANIEL	
STREET ADDRESS	199 OCEAN LANE DR, #300	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	☐ DELETE
NAME	OHEV-ZION ELENYR	
STREET ADDRESS	199 OCEAN LANE DR, #300	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 119.07(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 on an attachment with an address.

SIGNATURE: [signature] PRESIDENT 3-15-96 (305) 3925484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)