

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS
**DOCUMENT # V20870**

1. Corporation Name

**BRASUSA TRADING COMPANY**

Principal Place of Business

 150 SE 2ND AVE  
 #205  
 MIAMI FL 33131  
 US

Mailing Address

 150 SE 2ND AVE  
 #205  
 MIAMI FL 33131  
 US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

City &amp; State

23

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1992

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 owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

DANIEL OHEV-ZION

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

150 SE 2ND AVE # 205

83

84 City

MIAMI

85 Zip Code

FL 33131

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME P  
 OHEV-ZION, DANIEL  
 STREET ADDRESS 199 OCEAN LANE DR, #300  
 CITY-ST-ZIP KEY BISCAYNE FL
TITLE ☐ DELETE
 NAME VP  
 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

☐ Change ☐ Addition
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

 ELENYR OHEV-ZION  
 DANIEL OHEV-ZION  
 DANIEL OHEV-ZION

 3-18-99 (305) 579-2052  
 Date Daytime Phone #

CR2E034 (11/98)