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 # V42874 (0)

1. Corporation Name

STATUS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1717 N BAYSHORE DR UNIT #2041 MIAMI FL 33132	1717 N BAYSHORE DR UNIT #2041 MIAMI FL 33132

3. Date Incorporated or Qualified: 06/10/1992	3a. Date of Last Report: 06/15/1995
4. FEI Number: 65-0337904	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO
1001 S BAYSHORE DR
SUITE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ALCANTARA CAIO A.B.
82 Street Address (P.O. Box Number is Not Acceptable): 1717 N. BAYSHORE DR # 2041
83 # 2041
84 City: MIAMI FL   FL   85 Zip Code: 33132

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] PRES   4-18-96
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	PD	☐ DELETE
NAME	~~[illegible]~~, CAIO A.B.	
STREET ADDRESS	1717 N. BAYSHORE DR. #2041	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	~~[illegible]~~, HEIKE DE	
STREET ADDRESS	1717 N. BAYSHORE DR., #2041	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	GONCALVES, ANA CHRISTINA	
STREET ADDRESS	1717 N. BAYSHORE DR., #2041	
CITY-ST-ZIP	MIAMI 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	ALCANTARA, CAIO A.B.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	ALCANTARA, HEINE DE	
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		

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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   4-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
CAIO A. ALCANTARA