

**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 # **P95000083177 (2)**

1. Corporation Name

**BRAZILIAN COURT MANAGEMENT, INC.**



Principal Place of Business

**777 SOUTH FLAGLER DR.  
SUITE 100 EAST  
W PALM BEACH FL 33401**

Mailing Address

**777 SOUTH FLAGLER DR.  
SUITE 100 EAST  
W PALM BEACH FL 33401**

3. Date Incorporated or Qualified  
**10/30/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **197 First Avenue**

27 Suite, Apt. #, etc.

28 City & State

**Needham, MA**

29 Zip

**02194**

30 Country

4. FEL Number  
**65-0617295**

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

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLE DRIVE  
SUITE 500 EAST  
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

**777 South Flagler Drive**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 Florida jurisdiction

Date Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

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

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

11 TITLE  Change  Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
**D/P/T  
Andrew D. Gosman  
197 First Avenue  
Needham, MA 02194**

21 TITLE  Change  Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
**D/V/S  
Michael M Gosman  
197 First Avenue  
Needham, MA 02194**

31 TITLE  Change  Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
**AS  
Richard P. Zermari  
197 First Avenue  
Needham, MA, 02194**

41 TITLE  Change  Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
**200001841912  
-05/29/96--01019--033  
\*\*\*200.00**

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 its 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

617 433-1000

Daytime Phone #

CR2E034 (12/95)

*[Handwritten Markings]*