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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham ...

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000018927 (1)

ORYX INTERNATIONAL, INC.

FILED Mar 11 1998 8:00am Secretary of State



Philopal Flaci	e of positiess	Mailing Address			
8300 NW 74 AVE 8300 NW 74 AVE MIAMI FL 33166-7406 MIAMI FL 33166-7406				1	
				DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	STACE
				03/11/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 80/		26 80/ Mes	+ 49 Street		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	ייי דייי		\$8.75 Additional
22 248	•	27 248		6. Certificate of Status Desired	Fee Regulred
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 HIALCAH, FL 28 HIALCAH, 1		-7	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 33 <i>0/6</i>	2 25 USA.		30 054	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	J Agent
BARRIOS, ALEXANDER					
8300 NW 74 AVE				ress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33166		west 49 Street		
			83 # 2 V	8	
			84 City - /-		85 Zip Code
			HI	Vest FI	L 85 Zip Code 350/2
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. Far	egistered agent or both, in the State m familiar with and accept the obliga	or Florida. Such change was au ations of, Section 607,0505, Flor	utnortzed by the corpora rida Statutes.	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE			, 4	2/3/89 Paul 0. 6	Was
OIGHATORE .	Signature, typed or printed many of registered agor	nt a Nutle if applicable. (NOTE	Registered Agent signature raqui	15/18 TRUL a Ca	<i>y</i> = 3
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	5	DELETE	1.1 TITLE		Change Addition
NAME	BARRIOS, ALEXANDER		1.2 NAME		
STREET ADDRESS	8320 NW 74 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1.4 CHY-ST-ZIP		
TITLE	P	DELETE	2.1 TITLE		Change Addition
NAME	LOPES, PAULO		2.2 NAME		
STREET ADDRESS	83 20 NW 74 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	. 3.1 TITL€		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·	1_1
TATLE		☐ DELET e	5.1 TITLE		Change Addition
NAME			5.2 NAME	_	1/2/11
STREET ADDRESS	,		5.3 STREET ADDRESS	7	<i>7 12/ //</i> 1
CITY-ST-ZIP			5.4 CITY - ST - ZIP	/(ノ ' '/
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1000024541	
STREET ADDRESS			6.3 STREET ADDRESS	1000024541 -03/11/98-01024-0	J14
CITY-ST-ZIP	*		6.4 CITY-ST-ZIP	***150.00	_
14. I hereby co	ertify that the informon this annual rep	h this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further care shall have the same legal effect as if made up	ertify that the information
officer or d	firector of the co	er or trustee empowered to ex	recute this report as requ	ulred by Chapter 607, Florida Statutes; and that	my name appears in
Block 12 o	or Block 13 if chaγir ∕ ⊾ιτών	hment with an address.		_	

I hereby certify that the informindicated on this annual reporticer or director of the condition of the cond

SIGNATURE:

PAULD LINES