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**Mar 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000018927 (1)
1. Corporation Name
ORYX INTERNATIONAL, INC.



Principal Place of Business: 8300 NW 74 AVE, MIAMI FL 33166-7406, US
Mailing Address: 8300 NW 74 AVE, MIAMI FL 33166-7406, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 801 West 49 Street, Suite 248, Hialeah, FL 33012, USA
2a. Mailing Address: 26 801 West 49 Street, Suite 248, Hialeah, FL 33012, USA

3. Date Incorporated or Qualified: 03/11/1994
4. FEI Number: 65-0472719
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: BARRIOS, ALEXANDER, 8300 NW 74 AVE, MIAMI FL 33166

10. Name and Address of New Registered Agent: 81 Name: PAULO LOPES, 82 Street Address: 801 West 49 Street, 83 #248, 84 City: HIALEAH, FL, 85 Zip Code: 33012

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] DATE: 3/3/98

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARRIOS, ALEXANDER	
STREET ADDRESS	8320 NW 74 AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPES, PAULO	
STREET ADDRESS	8320 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***150.00

14. I hereby certify that the information indicated on this 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

SIGNATURE: [Signature] DATE: 3/3/98

CR2E034 (10/97)