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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000060978 (1)
1. Corporation Name
PERSONALIX, INC.

Principal Place of Business ~~7901 53RD STREET MIAMI FL 33122~~
Mailing Address ~~7901 53RD STREET MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/15/1994** 3a. Date of Last Report
4. FEI Number **65-0514310** 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
21 **1456 NW, 78th AVE**
Suite, Apt. #, etc.
22
City & State **Miami, FL**
23
Zip **33126** Country **USA**
24 25
2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent
MORENO, ADOLFO
~~7901 53RD STREET MIAMI FL 33122~~

10. Name and Address of New Registered Agent
81 Name **MORENO, ADOLFO**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1456 NW, 78th AVE**
84 City **Miami** FL 85 Zip Code **33126**

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 filer if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	MORENO, ADOLFO
STREET ADDRESS	9383 FONTAINEBLEAU BLVD. STE. H-103
CITY- ST- ZIP	MIAMI FL 33122
TITLE	VP
NAME	MORENO JOSE
STREET ADDRESS	9363 FONTAINEBLEAU BLVD H-103
CITY- ST- ZIP	MIAMI FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	JOSE MORENO
24 CITY- ST- ZIP	9363 FONTAINEBLEAU BLVD H-103
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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 110.07(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 checked, or as an attachment with an address.

SIGNATURE: ADOLFO MORENO **ADOLFO MORENO** **04/01/95** **(305) 599-3050**
(Signature typed or printed name of signing officer or director) Date System Name