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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:08

DOCUMENT # **P93000034731 (8)**

1. Corporation Name
AGAXTUR ENTERPRISES INC.

Principal Place of Business	Mailing Address
~~100 N. BISCAYNE BLVD.~~ ~~SUITE 1302~~ ~~MIAMI FL 33132~~	~~100 N. BISCAYNE BLVD.~~ ~~SUITE 1302~~ ~~MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.: 168 SE 1ST STREET #1101	27 Suite, Apt. #, etc.: 168 SE 1ST STREET #1101
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33131 25 Country: DADE	29 Zip: 33131 30 Country: DADE

4. FEI Number: 65-0409842 ☐ 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	10. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS, INC. 200 SE FIRST STREET (PH) MIAMI FL 33131	81 Name: MARCELO LEONE 82 Street Address (P.O. Box Number is Not Acceptable): 168 SE 1ST STREET 83 SUITE #1101 84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: X _____ 11/01/95
(Attach typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEONE, ALDO	12 NAME	
STREET ADDRESS	251 CRANDON BLV #835	13 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEONE, OLGA MARIA	22 NAME	
STREET ADDRESS	251 CRANDON BLV #835	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	LEONE, MARCELO	32 NAME	
STREET ADDRESS	251 CRANDON BLV #835	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	DE SISTO, ANNA AYN	42 NAME	
STREET ADDRESS	1111 CRANDON BLVD #B 202	43 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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: MARCELO LEONE 11/01/95 305-375-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133530 CP