

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 620621 (3)

1. Corporation Name
ARAXA CORP.



Principal Place of Business

9748 MALVERN DR
TAMARAC FL 33321
US

Mailing Address

9748 MALVERN DR.
TAMARAC FL 33321
US

3. Date Incorporated or Qualified 05/14/1979
3a. Date of Last Report 03/17/1995

2. Principal Place of Business
21 1 S.E. 3RD AVENUE
2a. Mailing Address
26 1 S.E. 3RD AVENUE

4. FEI Number 59-1907466
Applied For Not Applicable

22 SUITE 1400
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 MIAMI, FLORIDA
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33131
Zip Country DADE
25 26 27 28 29 30

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

GOLDWORN, WILLIAM J ESO
9748 MALVERN DR.
TAMARAC FL 33321

81 Name COPROLITE CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3RD AVENUE
83 SUITE 1400-A
84 City MIAMI FL 85 Zip Code 33131

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: MELVIN F. FRANKEL, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE SD
NAME GOLDWORN, WILLIAM J
STREET ADDRESS 9748 MALVERN DR.
CITY-ST-ZIP TAMARAC FL
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
1.1 TITLE
12 NAME JACKSON, CARLA
13 STREET ADDRESS ONE SOUTHEAST THIRD AVE. #1400-A
14 CITY-ST-ZIP MIAMI, FLORIDA 33131
2.1 TITLE S/T/D
22 NAME CALVERT, YVONNE
23 STREET ADDRESS ONE SOUTHEAST THIRD AVE. #1400-A
24 CITY-ST-ZIP MIAMI, FLORIDA 33131
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☒ Addition

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 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:

Yvonne Calvert, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

305-377-9353

Daytime Phone

CR2E034 (12/95)