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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G04978

MICRONIX INC.

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

FILED Feb 19, 1999 8:00am Secretary of State

02-19-1999 90036 026 ***158.75

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| Principal Place of Business Mailing Address | | | | | | | | |
|---|--|--|--------------------------|---------------------------------------|--|------------|----------------------|--|
| 1400 NW 107 | TH AVENUE | 1400 NW 107TH AVENUE | | | | *** ****** | art atali 61811 1881 | |
| 310 | | 310 | | | | | | |
| MIAMI FL 33172 MIAMI FL 33172 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| 03 | | US | | | 3. Date Incorporated or Qualifed | J. ACE | | |
| 2 Dringing! | Olessa (D.) | | | | 10/15/1982 | | - | |
| | Place of Business | 2a. Mailing Address | | · · · · · · · · · · · · · · · · · · · | 4. FEI Number | \neg | Applied For | |
| 21 Suito An | 6 H -1- | 26 | | | 59-2227153 | ⊢-+ | Not Applicable | |
| Suite, Apr | it. #, etc. | Suite, Apt. #, etc. | | | al Control of the Con | | 5 Additional | |
| City & Sta | | 27 | | | 5. Certifcate of Status Desired | | Required | |
| | ale | City & State | | | 6. Election Campaign Financing | | 0 May Be | |
| Zip | | 28 | | | Trust Fund Contribution | | May Be | |
| 24 | Country | Zip | Count | ry | 8. This corporation owes the current year Intar | | 4 10 1 003 | |
| 24 | 25 25 | 29 | 30 | | | Yes | □No | |
| | 9. Name and Address of | Current Registered Agent | | | 10. Name and Address of New Registered A | | | |
| SAL | JNAS, EUGENIA | | ∤8 | 1 Name | | | | |
| | ZAMORA AVENUE | | 8 | 2 Street | Address (P.O. Box Number is Not Acceptable) | | | |
| | RAL GABLES FL 33134 | | | -, 0.,00, | riddless (r.O. Box Number is Not Acceptable) | | | |
| 00. | AUT OUDTED IF 00 104 | | 8 | 3 | | | | |
| | | | | 4 64 | | | | |
| - <u>-</u> | | | 8 | 1 ′ | FL | 85 Ziç | Code | |
| 11. Pursuant | to the provisions of Sections 6 | 07.0502 and 607.1508, Florida Statutes | s, the abo | /e-named | | onging i | 40.000 | |
| agent. I a | am familiar with, and accept the | e obligations of, Section 607.0505, Florid | lhorized b | the corpo | corporation submits this statement for the purpose of ch pration's board of directors. I hereby accept the appoint | nent as i | registered | |
| SIGNATURE | | | | . | | | 1 | |
| | Signature, typed or printed name of regist | | Registered Age | nt signature re | equired when reinstating) DATE | | | |
| 12. | OFFICE | RS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIDECT | OD0 III 40 | |
| TITLE | PS | ☐ DELETE | 1.1 TITLE | | | Change | | |
| NAME | SALINAS, ENRIQUE | | 1.2 NAME | | _ | J 47.0.180 | | |
| STREET ADDRESS | THE WHOLE WATER | | 1.3 STREE | TADDRESS | | | ļ | |
| CITY-ST-ZIP | CORAL GABLES FL | <u></u> | 1.4 CITY-5 | ST-7JP | | | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | | 1 Chan | | |
| NAME | salinas, Eugenia | | 2.2 NAME | | L |] Change | ☐ Addition | |
| STREET ADDRESS | 647 ZAMORA AVE. | | 1 | TADDRESS | | | 1 | |
| CITY-ST-ZIP | CORAL GABLES FL | | 2.4 CITY- | | | | ł | |
| TITLE | | ☐ DELETE | 3.1 TITLE | 11-211 | | | | |
| NAME | | _ | 3.2 NAME | 1 | | Change | Addition | |
| STREET ADDRESS | | ı | | ADDDCOC | | | j | |
| CITY-ST-ZIP | | | 3.3 STREE | | | | | |
| TITLE | | ☐ DELETE | 3.4. CITY-S 4.1 TITLE | (-ZIP | | | | |
| NAME | | | | | | Change | ☐ Addition | |
| STREET ADDRESS | | | 4. 2 NAME | | | | | |
| CITY-ST-ZIP | | | 4.3 STREET | | | | ľ | |
| TITLE | <u></u> | DELETE | 4.4 CITY-ST | -ZIP | , | | | |
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| TREET ADDRESS | | | 5.2 NAME | | | | .] | |
| TTY-ST-ZIP | | | 5.3 STREET | - 1 | | | | |
| TILE - | | □ poiete | 5.4 CITY-ST | -ZIP | | | | |
| IAME | | ☐ DELETE | 6.1 TITLE | | | Change | Addition . | |
| | | | 6.2 NAME | - 1 | a. | | 1 | |
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| ITY-ST-ZIP | etifu the table : fee all | | 6.4 C/TY-ST | ZIP | | | [| |

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2/1/99

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