

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

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT '1997 AMENDED		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H34645 (2)

1. Corporation Name
ONYX CAPITAL CORPORATION

Principal Place of Business
560 N.W. 165TH STREET ROAD
Mailing Address
P.O. BOX 693760
MIAMI, FL. 33269-0760

Amended

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1984	3a. Date of Last Report 04/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2489191	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	XX Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

FRAYND, PAUL
560 N.W. 165TH STREET ROAD
NORTH MIAMI, FL. 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, PAUL	1.2 NAME	FRAYND, PAUL
STREET ADDRESS	560 N.W. 165 STREET ROAD	1.3 STREET ADDRESS	560 N.W. 165 STREET ROAD
CITY-ST-ZIP	NORTH MIAMI, FL.	1.4 CITY-ST-ZIP	NORTH MIAMI, FL.
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, SAUL	2.2 NAME	FRAYND, SAUL
STREET ADDRESS	560 N.W. 165 STREET ROAD	2.3 STREET ADDRESS	560 N.W. 165 STREET ROAD
CITY-ST-ZIP	NORTH MIAMI, FL.	2.4 CITY-ST-ZIP	NORTH MIAMI, FL.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE:  PAUL FRAYND, PRES 07/16/97 (305)945-9200

CR2E034 (9/96)