

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 # **H52680** (6)

1. Corporation Name

DIX ENTERPRISES, INC.



Principal Place of Business

**1901 NW SOUTH RIVER DR
UNIT 39
MIAMI FL 33125**

Mailing Address

**1901 NW SOUTH RIVER DR
UNIT 39
MIAMI FL 33125**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SENG, WILLIAM R
1901 NW SOUTH RIVER DRIVE, #39
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/08/1985

3a. Date of Last Report

03/06/1995

4. FEI Number

59-2515781

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

10. Name and Address of New Registered Agent

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 the if applicable.

(NOTE: Registered Agent signature required when re-listing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **SENG, W. R.**
STREET ADDRESS **1901 NW S RIVER DR, #39**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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7.1 TITLE

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8.1 TITLE

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9.1 TITLE

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28.4 CITY-ST-ZIP

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29.1 TITLE

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

TITLE ☐ DELETE

30.1 TITLE

30.2 NAME

30.3 STREET ADDRESS

30.4 CITY-ST-ZIP

TITLE ☐ DELETE

SIGNATURE: *William R Seng* **William R Seng**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 **305 541 7205**

DATE

PHONE #

CR2E034 (12/95)