FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74278 (8)

1. Corporate Name

IMMIX CORPORATION

Principal Place of Business	Mailing Address
1948 NW 54TH AVE MARGATE FL 33063 US	1948 NW 54TH AVE MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/21/1989
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. # or (22) / (27)

City & State (23) / (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: 65-0168977 — 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. Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent

SIMPSON, CLAUDE
2213 N.W. 45TH AVENUE
COCONUT CREEK FL 33066

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 Section 607.0501 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 this 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: Claude Simpson — 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	Change / Addition
NAME	SIMPSON, CLAUDE O.	
STREET ADDRESS	2213 NW 45TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	ST	Change / Addition
NAME	BATES, ELIZABETH H.	
STREET ADDRESS	2213 NW 45TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is absolutely 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 this 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 with an asterisk or an attachment with an asterisk.

SIGNATURE: Elizabeth H Bates — ELIZABETH H BATES — 4.30.95 — 305 968-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0106450 CP