

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. North, Jr.
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC 12 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92856 (9)

1. Corporation Name

AXPRO CORP.



Principal Place of Business

Mailing Address

% JOHN H. FRIEDHOFF
100 SE 2ND ST 17TH FLOOR
MIAMI FL 33131-1101

% JOHN H. FRIEDHOFF
100 SE 2ND ST 17TH FLOOR
MIAMI FL 33131-1101

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified

06/05/1989

3a. Date of Last Report

06/23/1995

4. FEI Number

65-0227513

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

9. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
100 SE 2ND ST 17TH FLOOR
MIAMI FL 33131-1101

10. Name and Address of Now 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

John H. Friedhoff
JOHN H. FRIEDHOFF

12/10/96

(Signature of or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME BELMONT, AUGUSTO
STREET ADDRESS 100 SE 2ND ST 17TH FLOOR
CITY - ST - ZIP MIAMI FL

TITLE VD
NAME BELMONT, ALEXIA
STREET ADDRESS 100 SE 2ND ST 17TH FLOOR
CITY - ST - ZIP MIAMI FL

TITLE S
NAME BELMONT, JOHANN T
STREET ADDRESS 100 SE 2ND ST 17TH FLOOR
CITY - ST - ZIP MIAMI FL

TITLE AS
NAME FRIEDHOFF, JOHN H.
STREET ADDRESS 100 SE 2ND ST 17TH FLOOR
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
200002035592--9
-12/20/96--01108--018
***375.00 ***375.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
REINSTATEMENT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John H. Friedhoff
JOHN H. FRIEDHOFF, ASST SEC.

12/10/96

(Signature and printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (3/96)