PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K92856

AXPRO CORP.

Principal Place of Business

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90063 017 ***150.00

Mailing Address

%-JOHN H. FRIEDHOFF 100 SE 2ND ST 17TH FEOOR -%-JOHN-H. FRIEDHOFF 100 SE 2ND ST 17TH PLCTOR MIAMI EL 33131-1104

DO NOT WRITE IN THIS SPACE MIAMI-FL-33131-1101 3. Date Incorporated or Qualifed 06/05/1989 App ied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 65-0227513 9130 S. Dadeland Blvd 21 9130 S. Dadeland Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Suite 1607 Suite 1607 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Miami, Fl Added to Fees Trust Fund Contribution 28 Miami, Fl Country Zip Country 8. This corporation owes the current year intangible ☐ Yes 30 Personal Property Tax. 25 29 33156 USA 33156 USA 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent Alberto Amoros
Street Address (P.O. Box Number is Not Acceptable) PETERHOFF, JOHNSH 82 100 SE 2ND ST 17TH FEOOR Suite 1607, Two Datran Center MIAMILEL 331313151101 9130 South Dadeland Boulevard City Miami Zip Code 3 3 1 5 6 84 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	mboto 12			4. 26.92	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT): Re	gistered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	PT	□ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	BELMONT, AUGUSTO		1.2 NAME		
STREET ADDRE 3S	x100:8E-2ND-ST-17TH-FKQQR		1.3 STREET ADDRESS	9130 S. Dadeland Blvd, Suite 1607	
CITY-ST-ZIP	XMIAMIKEL		1.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	BELMONT, ALEXIA		2.2 NAME		İ
STREET ADDRESS	X100XSEX2NDXSTX17FHXELOOR		2.3 STREET ADDRESS	9130 S. Dadeland Blvd., Suite 1607	
CITY-ST-ZIP	XMIAMIKEL		2. 4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	S	☐ DELETE	3.1 TITLE	Change	☐ Addition
NAME	BELMONT, JOHANN T		32 NAME		
STREET ADDRE 3S	100:SE:2ND:ST:\17TH:Fk00R		33 STREET ADDRESS	9130 S. Dadeland Blvd., Suite 1607	1
CITY-ST-ZIP	MIAMINEL		3.4. CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	AG	X DELETE	4.1 TITLE	Change	Addition
NAME	FRIEDHOFF, JOHN H		4 2 NAME		
STREET ADDRE 3S	1 00 SE 2ND ST 17TH FLO OR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMLFL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRE 3S			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify or 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 Lam 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.

SIGNATURE:

4.26.99

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