

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93481 (5)

1. Corporation Name

NAXEL CORPORATION

Principal Place of Business

Mailing Address

**6802 NW 84TH AVE.
MIAMI FL 33166
US**

**6802 NW 84TH AVE
MIAMI FL 33166
US**



3. Date Incorporated or Qualified

06/07/1989

3a. Date of Last Report

03/14/1995

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONT, FOLGER
1976 WATER RIDGE DR
FT LAUDERDALE FL 33326**

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

Signature, typed or printed name of registered agent and the corporation

(Both Registered Agent signature required when both change)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

NAME **MONT, FOLGER**
STREET ADDRESS **1976 WATER RIDGE DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.2 NAME

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

NAME **VP**
MONT, SYLVIA
STREET ADDRESS **1976 WATER RIDGE DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE

TITLE ☐ DELETE

2.2 NAME

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

3.3 STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (305) 592-8482

CR2E034 (3/96)