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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L47897**

1. Corporation Name
AXA CORP.

Principal Place of Business	Mailing Address
8445 INTERNATIONAL DR SUITE 167 ORLANDO FL 32819 US	8445 INTERNATIONAL DRIVE SUITE 167 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 02/07/1990
4. FEI Number: 59-3060538 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VERDUN, GUILLERMO
115 PRIMROSE DRIVE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: GUINART, MATEO
82 Street Address (P.O. Box Number is Not Acceptable): 8445 INTERNATIONAL DRIVE,
83: SUITE 167
84 City: ORLANDO FL 85 Zip Code: 32819

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: ALEJANDRA GUINART, VICE-PRESIDENT DATE: 4-24-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUILLAN, SILVIA M.		1.2 NAME		
STREET ADDRESS	8403 RAMBLING RIVER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VERDUN, GUILLERMO		2.2 NAME		
STREET ADDRESS	115 PRIMROSE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32779		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GUINART, MATEO		3.2 NAME		
STREET ADDRESS	610 ARVERN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	GUINART, ALEJANDRA	
STREET ADDRESS			4.3 STREET ADDRESS	610 ARVERN DR.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 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 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 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: SIGNATURE REQUIRED MATEO GUINART 4-6-99 (407) 345-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)