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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L92976

(4)

1. Corporation Name  
AXO INDUSTRIES, INC.

Principal Place of Business

7835 NORTHWEST 67TH STREET  
MIAMI FL 33166

Mailing Address

7835 NORTHWEST 67TH STREET  
MIAMI FL 33166-2632



2. Principal Place of Business

21 1740 N.W. 94 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL.

Zip

24 33172

Country

25 DADE

2a. Mailing Address

26 1740 NW 94 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL.

Zip

29 33172

Country

30 DADE

3. Date Incorporated or Qualified

08/09/1990

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0212875

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

GUILLERMO R. FERNANDEZ  
10825 S.W. 29TH TERRACE  
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name

SAME NO CHANGE

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: *Guillermo R. Fernandez*  
Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Guillermo R. Fernandez Pres. 3/11/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME: GARCIA, ENRIQUE  
STREET ADDRESS: 8025 SOUTHWEST 12TH ST.  
CITY-ST-ZIP: MIAMI-FL

TITLE ☐ DELETE

NAME: DPT S FERNANDEZ, GUILLERMO R.  
STREET ADDRESS: 10825 S.W. 29TH TERRACE  
CITY-ST-ZIP: MIAMI FL

TITLE ☒ DELETE

NAME: DPT FERNANDEZ, GUILLERMO R.  
STREET ADDRESS: 5931 SOUTHWEST 50TH ST.  
CITY-ST-ZIP: MIAMI FL

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PRESIDENT, SECRETARY  
& TREASURER, DIRECTOR.  
D.P.T.S.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Guillermo R. Fernandez Pres. 3/11/97 (305) 418-4025

CR2E034 (9/96)