FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF C	CORPORATION	S					
DOCUN 1. Corporation	MENT # M0066	88 (7)		4, ,,					
STRAG	GIX INTERNATIONAL, INC.								
0111110	ant title (that it of the) it o				I HACHARIN DIN BANK MAKE ANDRA BINA	I I BOO BUBUL BUBUL		018/1 01011 18 01	
Principa! Place	of Business	Mailing Address			***************************************	PO	Nan atak	B16((8(81) (88)	
111 N W 183	3RD STREET	111 N W 183RD STREET	T						
SUITE 350 MIAMI FL 33		SUITE 350 Miami FL 33169	•						
MIAMI IL 33	103	MIAMI EL 33103			3. Date Incorporated or Qualified	3a. Date o		•	7
					05/16/1984	11/	<u> 16/199</u>	<u>}5</u>	
	ace of Business	2a. Mailing Address			4. FEI Number		-	Applied For	
Suite, Apt. 4	# ptc	26 Suite Ant # etc			59-2432281			Not Applicable	4
22 Suite, Apr. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	1
City & State	9	City & State			6. Election Campaign Financing			May Be	\dashv
23		28			Trust Fund Contribution			o may be d to Fees	
Zip	Country	Zip	Country	·	8. This corporation has liability for i	ntangible tax			1
24	25	29	30		Florida Statutes	X No			
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New R	egistered Ag	ent]
0011401	PT-10500 155 0		81 1	lame					
	htenberg, lee C. Jnset dr.		82 5	treet Addre	ss (P.O. Box Number is Not Acceptab	le)		··	1
#201	JNOET UN.		83						4
MIAMI F	1 22142								
MIN/SIGHT I	L 00 140		84 0	City		FL	85 Zip	Code	7
11. Pursuant to	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	. the above-nan	ned corpora	tion submits this statement for the pur	nose of chang	aina its r	enistered office	, i
or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such change was authorized	by the corpora	tion's board	of directors. I hereby accept the appoint	intment as re	gistered	agent. I am	
OVONIATURE	_								
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent sig	nature required	when reinstating)	DATE			l _©
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI] <u>§</u>
TIFLE	PD Bradbury, Richard	☐ DELETE	1. 1 TITLE			IJ	Change	Addition	CR2E034 (12/95)
NAME	111 NW 183RD ST. #350		1.2 NAME						8
STREET ADDRESS	MIAMI FL		1.3 STREET ADE	İ					\
CITY-ST-ZIP TITLE	CD	□ DELETE	1.4 CITY-ST-Z 2.1 TITLE	P			Change	Addition	-1유
NAME	BIRNHOLZ, JACK	L	2.1 INCE 2.2 NAME			Ц	unange		
STREET ADDRESS	111 N.W. 183 ST STE 350		2 3 STREET ADO	BESS					
CITY ST-ZIP	MIAMI FL		2.4 CITY - ST- Z	1					
TITLE		☐ DELETE	3 1 TITLE				Change	☐ Addition	1
NAME			3.2 NAME						
\$TREET ADDRESS			3.3 STREET AD	DRESS					-
CITY-S1-ZIP			3.4 CITY - \$7 - ZI	Р					
TIFLE		DELETE	4. 1 TITLE				Change	☐ Addition	7
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADD	RESS					
CITY - ST - ZIP		D DELETE	4.4 CITY-ST-Z	Р		-	01		4
TITLE		☐ DELETE	5 1 TITLE				Change	Addition	
NAME CIRCLI ADDRESS			5.2 NAME	oron					
STREET ADDRESS			5 3 STREET ADD						
CHTY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZI 6.1 TITLE	<u> </u>			Change	Addition	4
NAME			6.2 NAME			L	ange.	☐ Vooition	
STREET ADDRESS			6.2 NAME 6.3 STREET ADD	RESS					
CITY-ST-ZIP			6.4 CITY - ST - ZI	1					
			3 1 OH 1 - 01 121						1

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

SIGNATURE:

Richard M. Bradbury

4/23/96

(305)944-8811