

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
1900 Bayshore Drive, Tallahassee, Florida 32304

APPROVED
AND
FILED

MAY 22 11:10:15

DOCUMENT # **M16896** (6)

FX INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3400 ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
MIAMI FL 33131-1809**

Mailbox Address: **3400 ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
MIAMI FL 33131-1809**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 06/18/1985		3a. Date of Last Report: 05/01/1994	
4. FEI Number: 65-0104029		Applied For / Not Applicable	
5. Certificate of Status Preserved: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing / Total Fund Contributions: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has income for filing purposes under the laws of Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

21. Principal Place of Business	22. Mailing Address	23. State	24. City	25. County	26. Zip	27. State	28. City	29. County	30. Zip
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALDEZ-FAULI CORPORATE SERVICES INC 3400 ONE BISCAYNE TOWER 2 S BISCAYNE BLVD. MIAMI FL 33131				B1	Name		
				B2	Street Address, P.O. Box Number if Not Applicable		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.06(1) and 607.1508, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office (registered agent) in 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 607.06(1), Florida Statutes.

Signature: _____ Title: _____ Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PD SANCHEZ PELLEGER, JOSE A 1 BISCAYNE TOWER, #3400 MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	STD LOPEZ DE LEON, GERMAN L. 1 BISCAYNE TOWER, #3400 MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and I am responsible for the accuracy of the information stated in Section 11.00(1) of the Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report, true and correct, and that my corporation 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 appointed to execute this report as required by Chapter 110, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an affidavit with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95