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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M16896

 Corporation 	n Name							
FX INTERNATIONAL, INC.								
	:	,A-11-6-11						
Principal Place	e of Business	Mailing Address						
3400 ONE BISCAYNE TOWER 3400 ONE BISCAYNE TOWER								
2 S BISCAYNE BLVD MIAMI FL 33131-1809 2 S BISCAYNE BLVD MIAMI FL 33131-1809					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131-1809 MIAMI FL 33131-1809				3. Date Incorporated or Qualifed				
					06/18/1985			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For	
21	-	26			65-0104029	. 	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 A		
22	· · · · · · · · · · · · · · · · · · ·	27				Fee Rec		
City & Stat	ė · ·	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28 Zin	Count	tn:	Trust Fund Contribution		rees	
—				шу	8. This corporation owes the current year Intangible Personal Property Tax. Yes Mo			
24 25 29 30 30 9. Name and Address of Current Registered Agent			Ь Т		10. Name and Address of New Registered Age			
				Name				
VALDEZ-FAULI CORPORATE SERVICES INC			-		ldes-Fauli Corporate Service	<u> 25. II</u>	nc.	
3400 ONE BISCAYNE TOWER			ľ	Street_Addr	ess (P.O. Box Number is Not Acceptable)			
2 S BISCAYNE BLVD			Į	22	te 3400		<u></u>	
MIAMI FL 33131			-			85 Zip C	'ode	
				l 'Mian	mi FL I	33	131	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-					oration submits this statement for the purpose of cha	inging its r	registered	
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.								
CICNIATURE	IMUI (VOE	Raul E. Va	ldes	-Fauli,		999	{	
SIGNATURE	Signature, typed or printed name of registered agent			gent signature required			DC 91.40	
12.	OFFICERS ANI	D DIRECTORS ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND I	7 Change	Addition	
TITLE	PD	_	1.1 TITL 1.2 NAM	i		,g-	ļ	
NAME	SANCHEZ PELLECER, JOSE A							
STREET ADDRESS	o I bibortite forter, rollo			EET ADDRESS]	
CITY-ST-ZIP			2.1 TITL	F. ST-ZIP] Change	Addition	
NAME	שופ		2.2 NAN		_	-		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE			3.1 TITL		,] Change ~	☐ Addition	
NAME	32 N		3.2 NAM	Æ	·			
STREET ADDRESS		•	3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	£ _	E	Change	☐ Addition	
NAME			4. 2 NAI	ME			Ì	
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP		7.Charre		
TITLE		DELETE	5.1 TITL	I	L] Change	☐ Addition	
NAME.			5.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			5.4 CITY 6.1 TITL	r-ST-ZIP		Change	Addition	
TITLE	}	C. DETECTE	6.2 NAA			_ 	ر ماللوگ . ل	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP