FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

* PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90073 030 ***150.00

	1999							
DOCUMENT # M305/7 OF. 1. Corporation Name								
Auonics International, Inc.								
Principal Plac	ce of Business	Mailing Address		-			,	
74761W54 STREET 74761W 54 STR								
MIAMI FE 33166 MIAMI FE 3316				•		OT WRITE IN THIS	SPACE	
	111 12 33.00				3. Date Incorporated or	Qualifed 16 - 86		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	7 . 7	Apr	olied For
26					59-d 1000	160) Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status D	esired 🗀	\$8.75 A	
27						<u>-</u>	Fee Red	quired
City & State City & State					Election Campaign Fi	*	\$5.00	,
23					Trust Fund Contribution	on	Added to	Fees
			Country		8. This corporation owes			
24 25 29 30					Personal Property Ta:			□No
	9. Name and Address of Current	Registered Agent	81 1	Name	10. Name and Address	or New Registered	Agent	-
PAL	MDO MARICHAL		" "	valle				ľ
				Street Add	ress (P.O. Box Number is No	Acceptable)		
104155W 130 AVE								
Migmi F2 33186								
NITTO.	11112 32.00		84 (City		Fi	85 Zip C	ode
						FL	- , ,	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-n horized by the	amed corp e corporati	ooration submits this statement on's board of directors. I here	it for the purpose of by accept the appo	cnanging its i intment as rec	registered ristered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes.				•	^
SIGNATURE					<u> </u>			
	Signature, typed or printed name of registered agent		<u> </u>	gnature require	ed when reinstating) ADDITIONS/CHANGE	DATE	ND DIBECTO	DC IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGE	OFFICERS A	☐ Change	Addition
TITLE	, — II ····		1.1 TITLE				Cinango	
NAME	(100)		1.2 NAME]
STREET ADDRESS	10113 200 130 110		1.3 STREET AD					
CITY-ST-ZIP			1.4 CITY-ST-ZI	P			Change	Addition
TITLE	SEC/TRE	☐ DELETE	2.1 TITLE				[] Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET AD					1
CITY-ST-ZIP	Miami F2 33186			IP			☐ Change	Addition
TITLE		☐ DETE LE	3.1 TITLE	-			[_] Change	[_] Addition
NAME			3.2 NAME.					.
STREET ADDRESS	 		3.3 STREET AD					
CITY-ST-ZIP			3.4. CITY-ST-Z	IP		·-	Change	Addition
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					J
STREET ADDRESS			4 3 STREET AD	DRESS				}
CITY-ST-ZIP		440		Р				
TITLE		☐ DELETE	5.1 TITLE	-			☐ Change	Addition
NAME			52 NAME					
STREET ADDRESS	1		5.3 STREET AD					ļ
CITY-ST-ZIP	5.4 CIT			P				
TITLE	☐ DELETE 6.1 NT			İ			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		\sim	6.3 STREET AD	DRESS				
	1			_ I				I

ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reports the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rustee empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with his ri indicated on this annual report or supplemental annual officer or director of the corporation or the Block 12 or Block 13 if changed, or or a

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR