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07-07-2003 90306 042 \*\*\*150.00

FILED P02000094357  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 30 AM 9:36

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000094357

1. Entity Name  
LX INTERNATIONAL, CORP.



Principal Place of Business  
9900 STIRLING RD  
211  
COOPER CITY FL 33024

Mailing Address  
P.O. BOX 650675  
MIAMI FL 33265

55051726



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
9900 Stirling Road  
211  
City & State  
Cooper City FL  
Zip  
33024  
Country  
USA

4. FEI Number  
36-4505831

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SILVA, FERNANDO  
16300-NE 19 AVENUE  
C  
NORTH MIAMI BEACH FL 33182

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	QUESADA, ROGER	
STREET ADDRESS	9900 STIRLING RD STE 211	
CITY-ST-ZIP	COOPER CITY FL 33024	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHACON, JAVIER	
STREET ADDRESS	9900 STIRLING RD STE 211	
CITY-ST-ZIP	COOPER CITY FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, Edgardo	
STREET ADDRESS	9900 Stirling RD STE 211	
CITY-ST-ZIP	Cooper City FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

7/30/03

2/2

*Attachment*  
**LX INTERNATIONAL, CORP.**

July 15, 2003

55051776  
#P02000094357

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee FL 32302

Subject: ~~LX~~ INTERNATIONAL, CORP.

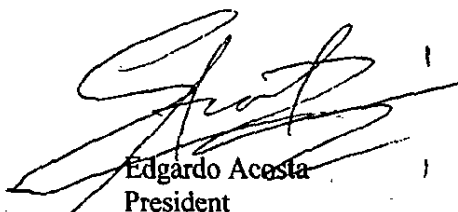
Re: P02000094357

Dear Sirs:

LX INTERNATIONAL, CORP. was transferred to me and I received late the form to renewal because there was a problem the former owners were dealing with two F/EI numbers assigned to the Company.

**Please do not charge a late fee to the company due the circumstances.** I understand you deposited the \$150.00 check that I sent for this matter. If you agree I will send an additional \$8.75 in order to get a certificate of status. If it is not possible to do that I would appreciate you to refund to me the \$150.00 I mailed to you.

Sincerely,



Edgardo Acasta  
President

12365 SW 52<sup>nd</sup> PL  
Cooper City FL 33330  
Tel: (954) 709-8566  
Fax: (954) 680-4276  
Email: eachmortgage@msn.com