

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P25655**

(2)

1. Corporation Name

**ALTRIX INTERNATIONAL, INC.**

Principal Place of Business

**999 PONCE DE LEON BLVD., SUITE 525  
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON BLVD., SUITE 525  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/17/1989**

4. FEI Number

**84-1029629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**210 Monteruma**

2a. Mailing Address

**210 Monteruma**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Santa Fe, NM**

City & State

**Santa Fe, NM**

Zip

**87501**

Country

**Santa Fe**

Zip

**87501**

Country

**Santa Fe**

9. Name and Address of Current Registered Agent

**THAGGARD, JOE**

**999 PONCE DE LEON BLVD., SUITE 525  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

**Stuart Ames**

82 Street Address (P.O. Box Number is Not Acceptable)

**2200 Museum Tower**

83

**150 West Flagler St.**

84 City

**Miami**

FL

85 Zip Code

**33130**

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.

SIGNATURE

**Stuart Ames**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**7/20/98**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **THAGGARD, JOE**  
STREET ADDRESS **255 PALM AVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**  
*See Correct Spelling and New Address*

TITLE **V** ☐ DELETE  
NAME **THAGGARD, MERCEDES**  
STREET ADDRESS **255 PALM AVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Thaggard Joe**  
1.3 STREET ADDRESS **96 Double Arrow**  
1.4 CITY-ST-ZIP **Santa Fe, NM 87501**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Thaggard Mercedes**  
2.3 STREET ADDRESS **96 Double Arrow**  
2.4 CITY-ST-ZIP **Santa Fe, NM 87501**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

505-988-8833

CR2E034 (5/98)

FILED  
Jul 23 1998 8:00am  
Secretary of State

