

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).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	210 Montezuma	26	210 Montezuma	08/17/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
Suite 200		Suite 200		84-1029629	
City & State		City & State		Applied For	
Santa Fe, NM		Santa Fe, NM		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
87501		Santa Fe		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		27	
87501		Santa Fe		28	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
Santa Fe		Santa Fe		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
87501		Santa Fe		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code	FL 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 (NOTE: Registered Agent Signature required when reinstating) DATE: 7/20/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	THAFFARD, JOE	
STREET ADDRESS	255 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	V	DELETED
NAME	THAGGARD, MERCEDES	
STREET ADDRESS	255 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*See correct spelling and new address*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)