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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P25655

ALTRIX INTERNATIONAL, INC.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90015 036 \*\*\*150.00

	@)		() Albei Albii (8A)
			13 DEB21 DIRECTURA
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			31 BIBII BIBII 48 BI

Principal Place	e of Business	Mailing Address			- I I BOILBAN (10 ) 1300 BINGA DANGA BINGA	Altı Biğil Albil Biğil		<b>                                    </b>	
210 MONTEZUMA 210 MONTEZUMA									
SUITE 200 SANTA FE NM	87501	Suite 200 Sante fe NM 87501			DO NOT WRITE IN THIS SPACE				
US	0.307	US			3. Date Incorporated or Qualifed				
					08/17/1989				
Principal Place of Business 2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For		
21 26					84-1029629		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8. <sup>-</sup>	75 Ad	ditional	
22					5. Certificate of Status Desired [	□ ¥6.	e Requ	ired	
City & Stat	City & State			6. Election Campaign Financing	□ \$5	.00 м	ay Be		
23		28			Trust Fund Contribution	- Ad	ded to	Fees	
Zip	Country		Country		8. This corporation owes the current		_	١	
24	25	29 30			Personal Property Tax.	☐Yes	<u> </u>	]No ,	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent	·······		
AME	S, STUART		0.	Name		*			
	MUSEUM TOWER		82	Street Address (P.O. Box Number is Not Acceptable)					
	WEST FLAGLER ST		83			Sala State State And Address	100 A	1892 1838 10	
	/II FL 33130		0.5						
			84	City	i kan di kan di kan di kandaran	FL 85	Zip Co	de	
11. Pureitant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes th	e ahove	e-named como	pration submits this statement for the pu		o ite re	gistered	
office or r	egistered agent, or both, in the State of	f Florida. Such change was authori:	zed by	the corporation	n's board of directors. I hereby accept the	he appointment	as regis	stered	
l :	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	tatutes	i.				1	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regist	ered Ager	nt signature required	when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12	
TITLE	Р	☐ DELETE 1.	.1 TITLE			Cha	ınge	☐ Addition	
NAME	THAGGARD, JOE	1.	2 NAME		*			. 1	
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CITY-ST-ZIP	SANTE FE NM 87501	1.	4 CITY-S	T-ZIP					
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NAME	THAGGARD, MERCEDES	2.	2 NAME		•				
STREET ADDRESS	96 DOWG ARROW	2.	3 STREET	T ADDRESS					
CITY-ST-ZIP	SANTE FE NM 87501		4 CITY-S	T-ZIP				•	
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STREET ADDRESS	Sala Colonia			ADDRESS				}	
OTTY OF THE	√		A CITY OF						

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 the rike empowered.

SIGNATURE:

1/15/44 505-588-8833 Daytime Phone #