FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000013501 (1)**

1. Corporation Name
FPX INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7200 NW 19TH ST SUITE 303 MIAMI FL 33126	7200 NW 19TH ST SUITE 303 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1992**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **65-0385506** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	PUERTO, DONALDO	12 NAME	ENRIQUE MISELEM	
STREET ADDRESS	7200 NW 19TH ST SUITE 303	13 STREET ADDRESS	7200 NW 19TH STITSUITE 303	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL	
TITLE	T	21 TITLE	T	☒ Change ☐ Addition
NAME	FIGUEROA, GUSTAVO	22 NAME	AUSTROBERTO LARA	
STREET ADDRESS	7200 NW 19TH ST SUITE 303	23 STREET ADDRESS	7200 NW 19TH ST SUITE 303	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL.	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	MOYA, JUAN	32 NAME	MEDARDO GALINDO	
STREET ADDRESS	7200 NW 19TH ST SUITE 303	33 STREET ADDRESS	7200 NW 19TH ST SUITE 303	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI FL	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	GALINDO, MEDARDO	42 NAME	NELSON ORTIZ	
STREET ADDRESS	7200 NW 19TH SUITE 303	43 STREET ADDRESS	7200 NW 19TH ST SUITE 303	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Mr. Medardo Galindo 08/25/95 (305) 477-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0125007 CP