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

Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90003 005 ***550.00

DOCUMENT #	P92000013501
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1. Corporation Name

FPX INTERNATIONAL, INC.					r šarar 11806 (118) čilili 80(0) 118) 1881
Principal Place of Business	Mailing Address				4 5012t 11034 tildt Athi goldt 115t 1001
2100 PONCE DE LEON 2100 PONCE DE LEON SUITE 1175 SUITE 1175 CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualifed 12/22/1992 	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0385506	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country		This corporation owes the current yes Personal Property Tax.	ear Intangible □ Yes □ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FILINGS, INC: 3732 NW 16TH ST		81	Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33311		83			
the metalogularite see		84	City	·	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both in the State of I agent. I am familiar with, and accept the obligation SIGNATURE	Florida. Such change was authous of, Section 607.0505, Florida	orized by Statutes.	the corporation	n's board of directors, I hereby accept the	ose of changing its registered appointment as registered
Signature, typed or prince name of recent 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					
OT TOERS AND I	SINEO TO NO				Change Addition

□ DELETE 1.1 TITLE TITLE MISELEM, ENRIQUE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 7200 NW 19TH ST STE 303 MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 2.1 TITLE AUSTROBERTO, LARA 2.2 NAME NAME .7200.NW-19TH ST SUITE 303 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL ... CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE MEDARDO, GASLINDO 3.2 NAME NAME 7200 NW 19TH ST SUITE 303 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE **NELSON, ORTIZ** 4. 2 NAME NAME 7200 NW 19TH SUITE 303 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP