

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90119 006 \*\*\*150.00

DOCUMENT # P93000018585

1. Corporation Name  
AEXA CORPORATION

Principal Place of Business  
11300 N.W. 87TH COURT., #125  
#125  
HIALEAH GARDENS FL 33018  
US

Mailing Address  
11300 N.W. 87TH COURT  
#125  
HIALEAH GARDENS FL 33018  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1993

4. FEI Number

65-0403558

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2394 SW 18 Street

Suite, Apt. #, etc.

22 ~~2394 SW 18 Street~~

City & State

23 Miami, FL

Zip Country

24 33145 25 USA

2a. Mailing Address

26 2394 SW 18 Street

Suite, Apt. #, etc.

27 ~~2394 SW 18 Street~~

City & State

28 Miami, FL

Zip Country

29 33145 30 USA

9. Name and Address of Current Registered Agent

BARRANCO, ELENA M  
ONE GROVE DR., #706  
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

ELENA BARRANCO

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

83 11921 NW 19 Street

84 City

Pembroke Pines

FL

85 Zip Code

33026

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
BARRANCO, CLARA D  
STREET ADDRESS ONE GROVE DR., #706  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME D  
BARRANCO, ELENA M  
STREET ADDRESS ONE GROVE DR., #706  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

CLARA BARRANCO

2394 SW 18 Street

Miami, FL 33145

☒ Change ☐ Addition

ELENA BARRANCO

11921 NW 19 Street

Pembroke Pines, FL 33026

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 954-433-0808

CR2E034 (11/98)