

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034731 (8)

1. Corporation Name

AGAXTUR ENTERPRISES INC.



Principal Place of Business

Mailing Address

168 SE 1ST STREET
#1101
MIAMI FL 33131
US

168 SE 1ST STREET
#1101
MIAMI FL 33131
US

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 701 Brickell Avenue

4. FEI Number

65-0409842

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2150

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

City & State

City & State

23 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33131 25 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., (#4674)
MIAMI FL 33131

81 Name Jose Maria Carneiro da Cunha

82 Street Address (P.O. Box Number is Not Acceptable)
2000 S. Bayshore Drive #74

83

84 City MIAMI FL 85 Zip Code 33133

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 when applicable

(NOTE: Registered Agent signature required when reinstating)

Jose Maria Carneiro da Cunha 4-16-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LEONE, ALDO
STREET ADDRESS 251 CRANDON BLV #835
CITY-ST-ZIP KEY BISCAYNE FL

TITLE VP ☐ DELETE

NAME LEONE, OLGA MARIA
STREET ADDRESS 251 CRANDON BLV #835
CITY-ST-ZIP KEY BISCAYNE FL

TITLE VP ☐ DELETE

NAME LEONE, MARCELO
STREET ADDRESS 251 CRANDON BLV #835
CITY-ST-ZIP KEY BISCAYNE FL

TITLE S ☐ DELETE

NAME DE SISTO, ANNA AYN
STREET ADDRESS 1111 CRANDON BLVD #B 202
CITY-ST-ZIP KEY BISCAYNE FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO LEONE, V.P.

Date

Daytime Phone #

4-16-96 305-375-9225

CR2E034 (12/95)