

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90109 011 ***150.00

DOCUMENT # P93000034731

1. Corporation Name
AGAXTUR ENTERPRISES INC.

Principal Place of Business

168 SE 1ST STREET
#1101
MIAMI FL 33131
US

Mailing Address

~~701 BRICKELL AVENUE~~
~~SUITE 2150~~
~~MIAMI FL 33131~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1993

4. FEI Number

65-0409842

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 1643 BRICKELL AV.

27 SUITE 3205

28 City & State

28 MIAMI FL

29 Zip Country

29 33129 30 USA

9. Name and Address of Current Registered Agent

~~CARNEIRO DA CUNHA, JOSE MARIA~~
~~701 BRICKELL AVENUE, STE. 2150~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name JOSE MARIA CARNEIRO DA CUNHA

82 Street Address (P.O. Box Number is Not Acceptable)
1643 BRICKELL AVENUE # 3205

83

84 City MIAMI

FL

85 Zip Code 33129

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LEONE, ALDO	251 CRANDON BLV #835	KEY BISCAVNE FL	<input type="checkbox"/>
VP	LEONE, OLGA MARIA	251 CRANDON BLV #835	KEY BISCAVNE FL	<input type="checkbox"/>
VP	LEONE, MARCELO	251 CRANDON BLV #835	KEY BISCAVNE FL	<input type="checkbox"/>
S	DE SISTO, ANNA AYN	1111 CRANDON BLVD #B 202	KEY BISCAVNE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 #

4/19/99 (305) 375 9225

CR2E034 (11/98)

0188865