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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:42

DOCUMENT # P93000054824 (6)

1. Corporation Name
AXON EXPORT CORP.

Principal Place of Business
4707 NW 72ND AVE
MIAMI FL 33166

Mailing Address
4707 NW 72ND AVE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/04/1993
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0427267 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, MERCEDES
~~8120 GENEVA CT~~
~~APT D1-55~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name: MERCEDES RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 710 N.W. 107 AVENUE
83
84 City: PEMBROKE PINE 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] MERCEDES RODRIGUEZ 1/12/95
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	~~DST~~
NAME	~~RODRIGUEZ, MERCEDES~~
STREET ADDRESS	~~8120 GENEVA CT APT D1-55~~
CITY-ST-ZIP	~~MIAMI FL 33166~~
TITLE	DP
NAME	CEPEDA, JOSE G
STREET ADDRESS	AVENIDA 27 DE FEBRERO #208
CITY ST ZIP	SANTO DOMINGO DOMINICAN REPU
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DST	☐ Change ☐ Addition
12 NAME	RODRIGUEZ, MERCEDES	
13 STREET ADDRESS	710 N.W. 107 AVENUE	
14 CITY ST ZIP	PEMBROKE PINE FL 33026	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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.

SIGNATURE: [signature] MERCEDES RODRIGUEZ 1/12/95 (305) 591-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181113 CP