

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., etc.

Suite, Apt., etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, MERCEDES
710 NW 107 AVE
PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

01/19/1995

4. FEIN 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 s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of person authorized to make the change

Signature of Registered Agent

Signature of Secretary of State

12. OFFICERS AND DIRECTORS

TITLE	DST	☐ DELETE
NAME	RODRIGUEZ, MERCEDES	
STREET ADDRESS	710 NW 107 AVE	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	DP	☐ DELETE
NAME	CEPEDA, JOSE G	
STREET ADDRESS	AVENIDA 27 DE FEBRERO #208	
CITY-STATE-ZIP	SANTO DOMINGO DOMINICAN REPUBLIC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the annual report or equivalent 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 its business or branch empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if not listed, or on an attached sheet with an affidavit.

SIGNATURE:

Mercedes Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mercedes Rodriguez 3/25/96

305-591-1644
Telephone Number

CR2E034 (12/95)