

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90259 006 ***150.00

DOCUMENT # P95000020361

1. Corporation Name

ACXPFISS INTERNATIONAL, CORP.

Principal Place of Business

2200 NW 82 AVE
MIAMI FL 33122
US

Mailing Address

2200 NW 82 AVE
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

65-0563732

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 13611 SW 77th Street

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33183

Country

2a. Mailing Address

26 13611 SW 77th Street

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33183

Country

30

9. Name and Address of Current Registered Agent

ALVARO, DAIZ
2200 NW 82NS AVD
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

Alvaro Diaz

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

13611 SW 77th Street

83

84 City

Miami

FL

85 Zip Code

33183

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

04-24-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME ALVARO DIAZ
STREET ADDRESS 2200 NW 82ND AVE
CITY-STATE-ZIP MIAMI FL 33122

TITLE ☐ DELETE

VP
NAME DANIELA DIAZ
STREET ADDRESS 2200 NW 82ND AVE
CITY-STATE-ZIP MIAMI FL 33122

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Alvaro Diaz
1.3 STREET ADDRESS 13611 SW 77th Street
1.4 CITY-STATE-ZIP Miami FL 33183

2.1 TITLE ☒ Change ☐ Addition

VP
2.2 NAME Daniela Diaz
2.3 STREET ADDRESS 13611 SW 77th Street
2.4 CITY-STATE-ZIP Miami FL 33183

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-99

305 715 9969

CR2E034 (11/98)