SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000029210 (8)**

1. Corporation Name
INTERFIX USA, INC.

Principal Place of Business
1437 ROYAL FOREST CT
W PALM BEACH FL 33406

Mailing Address
1437 ROYAL FOREST CT
W PALM BEACH FL 33406

3. Date Incorporated or Qualified: **04/13/1995**
3a. Date of Last Report:

2. Principal Place of Business: 21 1405 N. "A" Street
Suite, Apt #, etc: 22
City & State: 23 LAKE Worth, FL
Zip: 24 33460 Country: 25 P.B.C.

2a. Mailing Address: 26 Same
Suite, Apt #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0652852 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

9. Name and Address of Current Registered Agent
MARTI, LUIS
1437 ROYAL FOREST CT
W PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name: Luis G. MARTI
82 Street Address (P.O. Box Number is Not Acceptable): 1405 N. "A" Street
83
84 City: LAKE Worth FL 85 Zip Code: 33460

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] (NOTE: Registered Agent signature required above in addition to officer signature) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LASO, JAVIER ANTONIO
STREET ADDRESS	15600 SW 80TH ST., #305
CITY-ST-ZIP	MIAMI FL 33193
TITLE	D
NAME	SALAZAR, MARIA MERCEDES
STREET ADDRESS	15600 SW 80TH ST., #305
CITY-ST-ZIP	MIAMI FL 33193
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	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition

200001913172
-08/06/96--01006--009
***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 08/02/96 — Daytime Phone #: (561)547-2044