

FILE-NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # P95000061785 (8)

1. Corporation Name

MIDLAND PYXIS GROUP, INC.



Principal Place of Business

C/O RUTHERFORD, MINERLEY & MULHALL P.A.
2600 N MILITARY TRAIL FOURTH FLOOR
BOCA RATON FL 33431

Mailing Address

C/O RUTHERFORD, MINERLEY & MULHALL P.A.
2600 N MILITARY TRAIL FOURTH FLOOR
BOCA RATON FL 33431-6312

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 721 SE 17 STREET

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FL

Zip

24 33316

Country

25

2a. Mailing Address

26 721 SE 17 STREET

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

29 33316

Country

30

4. FEI Number

APPLIED FOR

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

BARTHE, FREDERIC M
2600 N MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

PATRICK VIVIES

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

721 SE 17 STREET

83

84 City

FORT LAUDERDALE FL

85 Zip Code

33316

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

PATRICK VIVIES

1/8/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LOIX, GHISLAIN
STREET ADDRESS 2600 N MILITARY TRAIL FOURTH FLOOR
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.
1.2 NAME LOIX, GHISLAIN
1.3 STREET ADDRESS 2600 N MILITARY TRAIL FOURTH FLOOR
1.4 CITY-ST-ZIP BOCA RATON FL 33431

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 statement of 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Loix Ghislain

1/8/97

0312911

CR2E034 (9/96)