

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000062877 (2)

1. Corporation Name  
**F X P CORP.**



Principal Place of Business: C/O SEMET, LICKSTEIN, MORGENSTERN ET AL, 201 ALHAMBRA CIRCLE SUITE 1200, CORAL GABLES FL 33134  
Mailing Address: C/O SEMET, LICKSTEIN, MORGENSTERN ET AL, 201 ALHAMBRA CIRCLE SUITE 1200, CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/11/1995  
3a. Date of Last Report: N/A  
4. FEI Number: 65-0625730  
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

2. Principal Place of Business  
21. 5555 SW 67 AVENUE  
Suite, Apt. #, etc.: 107  
City & State: Miami, FL  
Zip: 33155 Country: USA  
2a. Mailing Address  
26. 5555 SW 67 AVE  
Suite, Apt. #, etc.: 107  
City & State: MIAMI FL  
Zip: 33155 Country: USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICKSTEIN, FRED K  
C/O SEMET, LICKSTEIN, MORGENSTERN ET AL  
201 ALHAMBRA CIRCLE SUITE 1200  
CORAL GABLES FL 33134

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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. Thereby 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

DATE Registered Agent signature expires when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
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

14. I do hereby certify that the information supplied herein 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francisco X Perez*  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: FRANCISCO X Perez  
DATE: 8/30/96  
FEI NUMBER: 665-8734

CR2E034 (12/95)