FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000071626 (2)**

1. Corporation Name

MASTERMIX INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
5757 COLLINS AVENUE #2004 MIAMI BEACH FL 33140	5757 COLLINS AVENUE #2004 MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 09/15/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 111 NE 1st Street	26 111 NE 1st Street
Suite, Apt. #, etc. 22 9th Floor	Suite, Apt. #, etc. 27 9th Floor
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33132	Country 25 Dade
Zip 29 33132	Country 30 Dade

4. FEI Number: 65-0607549 ☐ 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

VON SPERLING, VALERIE
975 ARTHUR GODFREY ROAD
#601
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: Valeria von Sperling
82 Street Address (P.O. Box Number is Not Acceptable): 111 NE 1st Street, 9th Floor
83
84 City: Miami FL 85 Zip Code: 33132

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: VALERIA VON SPERLING, Secret. DATE: 3/13/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	pvt	☒ Change ☐ Addition
NAME	JORDAN, HENRIQUE		1.2 NAME	JORDAN, HENRIQUE	
STREET ADDRESS	5757 COLLINS AVENUE #2004		1.3 STREET ADDRESS	1631 WEST 27th STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	JORDAN, HENRIQUE		2.2 NAME	VON SPERLING, VALERIA	
STREET ADDRESS	5757 COLLINS AVENUE #2004		2.3 STREET ADDRESS	111NE 1st STREET, 9th FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP	MIAMI, FL 33140	
TITLE		☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME			3.2 NAME	JORDAN, HENRIQUE	
STREET ADDRESS			3.3 STREET ADDRESS	1631 WEST 27th STREET	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	200001765272	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-04/01/96--01103--028	
TITLE		☐ DELETE	5.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Henrique Jordan 305-373-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #