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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000000957 (6)**

1. Corporation Name
MX PROFESSIONAL SERVICES CORP.

Principal Place of Business	Mailing Address
9375 SW 172 TER. MIAMI FL 33157	9375 SW 172 TER. MIAMI FL 33157-4443

3. Date Incorporated or Qualified: 12/27/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 7944 SW 199 Terr.
22: Suite, Apt. #, etc.
23: Miami FL
24: 33189
25: Country: USA

2a. Mailing Address
26: 7944 SW 199 Terr
27: Suite, Apt. #, etc.
28: Miami FL
29: 33189
30: Country: USA

4. FEI Number: 65-0653374 ☐ 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

TRIGUEROS, VIVIAN W
9375 SW 172 TER.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Trigueros, Vivian W.
82 Street Address (P.O. Box Number is Not Acceptable): 7944 SW 199 Terr.
83:
84 City: Miami FL 85 Zip Code: 33189

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: X Vivian W. Trigueros — 3-11-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D. ☒ Change ☐ Addition
NAME	TRIGUEROS, VIVIAN W	1.2 NAME	Trigueros, Vivian W.
STREET ADDRESS	9375 SW 172 TER.	1.3 STREET ADDRESS	7944 SW 199 Ter.
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami FL 33189
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	TRIGUEROS, ROBERTO W	2.2 NAME	Trigueros, Roberto W.
STREET ADDRESS	9375 SW 172 TER.	2.3 STREET ADDRESS	7944 SW 199 Ter.
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Miami FL 33189
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ 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	

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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 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: X Vivian W. Trigueros — 3-11-97 — 305-253-5365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0215466