

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000032249 (0)

1. Corporation Name  
OXIFAX, INC.

Principal Place of Business

1149 S.W. 27 AVE.  
SUITE 303  
MIAMI FL 33135

Mailing Address

1149 S.W. 27 AVE.  
SUITE 303  
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

65-0658251

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1149 SW 27 AVE

Suite, Apt. #, etc.

22 # 303

City & State

23 Miami FL

Zip

24 33135

Country

25 US

2a. Mailing Address

26 1149 SW 27 AVE

Suite, Apt. #, etc.

27 # 303

City & State

28 Miami FL

Zip

29 33135

Country

30 US

9. Name and Address of Current Registered Agent

AVELLANEDA, ORLANDO  
1149 S.W. 27TH AVE.  
SUITE 303  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

Orlando Avellaneda

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

1149 SW 27 AVE

83 Suite, Apt. #, etc.

# 303

84 City

Miami

FL

85 Zip Code

33135

11. Pursuant to the provisions of Sections 607.0505 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

*Orlando Avellaneda*

Registered Agent

Orlando Avellaneda

Signature, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

P  
NAME AVELLONEDA, ORLANDO  
STREET ADDRESS 1149 S.W. 27TH AVE. SUITE 803  
CITY-ST-ZIP MIAMI FL 33135

1.2 NAME ☐ DELETE

Orlando Avellaneda  
1149 SW 27 AVE #303  
Miami FL 33135

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP ☐ DELETE

1.5 NAME ☐ DELETE

1.6 STREET ADDRESS ☐ DELETE

1.7 CITY-ST-ZIP ☐ DELETE

1.8 NAME ☐ DELETE

1.9 STREET ADDRESS ☐ DELETE

1.10 CITY-ST-ZIP ☐ DELETE

1.11 NAME ☐ DELETE

1.12 STREET ADDRESS ☐ DELETE

1.13 CITY-ST-ZIP ☐ DELETE

1.14 NAME ☐ DELETE

1.15 STREET ADDRESS ☐ DELETE

1.16 CITY-ST-ZIP ☐ DELETE

1.17 NAME ☐ DELETE

1.18 STREET ADDRESS ☐ DELETE

1.19 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

P  
1.2 NAME Orlando Avellaneda

1.3 STREET ADDRESS 1149 SW 27 AVE #303

1.4 CITY-ST-ZIP Miami FL 33135

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 in an attachment with an address.

SIGNATURE:

*Orlando Avellaneda*

Orlando Avellaneda 144-1819  
President

CR2E034 (10/97)