

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000059006 (2)

1. Corporation Name
POINTIX CORPORATION



Principal Place of Business
899 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES FL 33134

Mailing Address
899 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES FL 33134-3042

3. Date Incorporated or Qualified
07/15/1996

3a. Date of Last Report

2. Principal Place of Business
21 25 S.E. 2nd Avenue
Suite, Apt. #, etc.
22 Suite 305
City & State
23 Miami, Florida
Zip
24 33131
Country
25 USA

2a. Mailing Address
26 25 S.E. 2nd Avenue
Suite, Apt. #, etc.
27 Suite 305
City & State
28 Miami, Florida
Zip
29 33131
Country
30 USA

4. FEI Number
65-0698929

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

10. Name and Address of New Registered Agent

PERDOMO, MILLIE
899 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES FL 33134

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCON, FERNANDO	1.2 NAME	
STREET ADDRESS	1425 BUENOS AIRES DE ORO 2511 10B	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENELVA, L A	2.2 NAME	
STREET ADDRESS	CORRIENTES 311 7 PISO 1043 BUENOS AIRES	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONT, CARLOS S	3.2 NAME	
STREET ADDRESS	CORLOS PELLEPRINT 1069 P11 1009 BUENOS AIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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, with an attachment with an address.

SIGNATURE: 3/19/97 305-358-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)