

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

FILED  
Mar 13 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 # P96000060258 (6)

AMX FOODTEC INTERNATIONAL, INC.



Principal Place of Business  
4360 NORTHLAKE BLVD, SUITE 205  
PALM BEACH GARDENS FL 33410

Mailing Address  
4360 NORTHLAKE BLVD, SUITE 205  
PALM BEACH GARDENS FL 33410-6265

2. Principal Place of Business  
21 State, Apt, Block  
22 City & State  
23 Zip  
24 Country  
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3. Date Incorporated or Qualified 07/17/1996  
3a. Date of Last Report  
4. FEI Number 65-0678901 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
MARTIN E. WASHOFSKY, E.A., P.A.  
4360 NORTHLAKE BLVD, SUITE 205  
PALM BEACH GARDENS FL 33410

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 607.07(5)(c) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and I agree to be held responsible for compliance of Section 607.07(5), Florida Statutes.

SECTION 12. OFFICERS AND DIRECTORS (If the Page(s) of Appointments are reported when filing this report, DATE)

12. OFFICERS AND DIRECTORS  
1. NAME P MIXA, AXEL  
2. ADDRESS 4360 NORTHLAKE BLVD, SUITE 205  
3. CITY, STATE, ZIP PALM BEACH GARDENS FL 33410  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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14. I declare under penalty of perjury that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished in this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I understand the consequences of the responsibility for the accuracy of the information provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the Florida Department of State's records with an address.

SIGNATURE: *AXEL MIXA* 2/26/97 561-694-2400  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)