09211999-90014-046-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE MAY 1, 1999. $550.00 IF PROCESSED, MINIMUM AMOUNT DUE IS $61.25.

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000062499

1. Corporation Name
MX FILES, INC.

Principal Place of Business	Mailing Address
8490 N.W. 24 PLACE SUNRISE FL 33322	11900 N.W. 14 STREET PEMBROKE PINES FL 33026

9/21/99 900014046 $550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11900 NW 14 st.	2a. Mailing Address 26 11900 NW 14 St.	3. Date Incorporated or Qualified 07/25/1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0685064	Applied For Not Applicable
City & State 23 Pembroke Pines, FL	City & State 28 Pembroke Pines, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33026 25 USA	Zip / Country 29 33026 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CARDOZA, DONA L
11900 N.W. 14 STREET
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

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 607.1506, 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: Dona L. Cardoza 9/10/99
Signature, typed 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARDOZA, DONA L		1.2 NAME	
STREET ADDRESS	11900 N.W. 14TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
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	

CR2E034 (5/99)

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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Dona L. Cardoza 10/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #