

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90149 017 ***150.00

DOCUMENT # **P96000072395**

1. Corporation Name
ONYX EXPORT CORP.



Principal Place of Business
**1232 FALLS BLVD
FT LAUDERDALE FL 33327
US**

Mailing Address
**1232 FALLS BLVD
FT LAUDERDALE FL 33327
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

65-0692152

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **11117 W O'Keefe Rd**

2a. Mailing Address

26 **11117 W O'Keefe Rd**

Suite, Apt. #, etc.

22 **Ste 113**

Suite, Apt. #, etc.

27 **Ste 113**

City & State

23 **Hialeah Gardens, FL**

City & State

28 **Hialeah Gardens, FL**

Zip

24 **33018**

Country

25 **USA**

Zip

29 **33018**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MUSSO, JUAN R
1232 FALLS BLVD
FT LAUDERDALE FL 33127**

10. Name and Address of New Registered Agent

81 Name

MUSSO, Juan R

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

4373 Pine Ridge Ct

83

84 City

Weston

FL

85 Zip Code

33331

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PVST
MUSO, JUAN R
1232 FALLS BLVD
FT LAUDERDALE FL 33127**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D
MUSO, JUAN R
1232 FALLS BLVD
FT LAUDERDALE FL 33127**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 2 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN R. MUSSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

(305) 821-2225
(954) 389-6152
Daytime Phone #

CR2E034 (1/98)