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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600073616 (0)

SYNIX INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address			- I TAMULABADE ESTA ORDITA BATTER BA	BION MEDIC MALLE BRIOL I	9808	010 0 (8) 1001
-0167-NORTHWEST-54-DORAL-CIRCLE-LANE - 0167-NORTHWEST-54-DORAL-CIRCLE-LANE -								
MIAMI-FL 3311	78	MIAMI FL-83178 —			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or 0		IS SPACE	
					09/05/1996	Juanneo		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	~	[42]A	pplied For
21 1800	N.W. 84 Avenue	26 1800 N.W.	RA Asson	110	65-0691159			ot Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.	04 AVEII	пе				Additional
22 Suite	e_#114	27 Suite#114			5. Certificate of Status De	esired		equired
City & State		Cily & State			6. Election Campaign Fin	ancina	\$5.00	May Be
23 Miam	i, FL	28 Miami, FL			Trust Fund Contributio			to Fees
Zip	Country	Z _I p	Country		8. This corporation owes	or has paid the	current year In	tangible
24 3312	6 <u> 25</u> USA	29 33126	30 USA		Personal Property Tax	due June 30.	Yes [□Ňo
	9. Name and Address of Curren	Registered Agent	81 Na		10. Name and Address o	f New Registere	d Agent	
AMERILAWYER-CHARTERED				^{ame} Me	engJung Lee			
343	82 Str		ss (P.O. Box Number is Not	Acceptable)				
COI	i		67 N.W. 54 D		r IN			
•			83					
			B4 Cit				. 85 Zjp	Code
				Mi	.ami	F	L 3.	Code 3178
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State	² and 607.1508, Florida S tatut of Florida, Such change was .	es, the above-nar	ned corpo	oration submits this statemen	t for the purpose	of changing i	ts registered
agent. I ar	m familiar with and accept the obliga	tions of, Section 607.0505, Fl	orida Statutes.	corporatio	on a board of pilectors. There			registered
SIGNATURE	///1241-	MENGJUNG LE	£			04/2	<u> 198 - 198 - 1</u>	
			E Registered Agent sign	valure required		DATE		
TITLE	PSTD OF FICE AS AIN.	DELETE	13.		ADDITIONS/CHANGES	10 OFFICERS A	ND DIRECTOR Change	RS IN 12 Addition
NAME	LEE, MENG JUNG		1.2 NAME				☐ Change	Addition
STREET ADDRESS			1.3 STREET ADDR					
CITY-ST-ZIP	MIAMI FL 33178	OHOLL DAIL		250				
TITLE	V	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
NAME	NI, SUNG YEUH		2.2 NAME				onlings	L Addition
STREET ADDRESS	9467 NORTHWEST 54 DORAL CIRCLE LANE		2.3 STREET ADDRESS					
CITY-ST-ZIP	MAMI FL 33178	OINOLL DAIL	2 4 CHY-SI-ZIP	i				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME				Onungo	,
STREET ADDRESS			3.3 STREET ADDR	ESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	ESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	1				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME				•	_
STREET ADDRESS			5.3 STREET ADDRE	ESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		·		Change	Addition
NAME			6.2 NAME	- 1			•	
STREET ADDRESS			6.3 STREET ADDRE	ESS				1
CITY-ST-ZIP			64 CHY-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 12 or Block 13 if changed, or on an attachment with an address.

Millerho

FILED

May 11 1998 8:00am

Secretary of State

O ADDINDO NO BORD DIRIA DONA CORRESPONDENTA DE LA CORRESPONDA CAMPO DE PARTO PARTO PARTO PARTO PARTO PARTO PAR