


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90156 040 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P97000006375</b>		
<b>1. Corporation Name</b> <b>AIXAP CORP.</b>		



DO NOT WRITE IN THIS SPACE

<b>Principal Place of Business</b> ONE SE 3RD AVE SUITE 2400 MIAMI FL 33131 US <b>386 Golden Beach Drive Golden Beach FL 33160</b>		<b>Mailing Address</b> ONE SE 3RD AVE SUITE 2400 MIAMI FL 33131 US <b>386 Golden Beach Dr. Golden Beach FL 33160</b>	
<b>2. Principal Place of Business</b> 21 <b>386 Golden Beach Dr.</b> Suite, Apt. #, etc. 22 <b>Golden Beach Fl</b> City & State 23 <b>33160</b> Zip Country		<b>2a. Mailing Address</b> 26 <b>Same</b> Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>3. Date Incorporated or Qualified</b> <b>01/21/1997</b>		<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>8. Name and Address of Current Registered Agent</b> ROSE, ELLEN ESO ONE SE 3RD AVE SUITE 2400 MIAMI FL 33131 <b>PATRICIA Minski</b> <b>386 Golden Beach Dr.</b> <b>Golden Beach Fl</b> <b>33160</b>	
<b>9. Name and Address of New Registered Agent</b> 81 Name <b>PATRICIA Minski</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>386 Golden Beach Dr.</b> 83 <b>Golden Beach Fl</b> 84 City <b>FL</b> 85 Zip Code <b>33160</b>		<b>10. Name and Address of New Registered Agent</b>	

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 terminating)

DATE

5/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Daytime Phone #

CR2E034 (1/1/98)