


FILED

Jun 03 1998 8:00am
Secretary of State

<p style="text-align: center;"> PROFIT CORPORATION ANNUAL REPORT 1998 </p>		<p style="text-align: center;"> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS </p>
<div style="display: flex; justify-content: space-between;"> <div>DOCUMENT #</div> <div>P97000033996 (4)</div> </div> <p>1. Corporation Name: PUROS DE FELIX INC.</p>		
<p>Principal Place of Business</p> <p>471 N.W. 82ND AVE SUITE 709 MIAMI FL 33126</p>	<p>Mailing Address</p> <p>471 N.W. 82ND AVE SUITE 709 MIAMI FL 33126</p>	
<p>2. Principal Place of Business</p> <p>21 3717 SW 153 Pl.</p> <p>Suite, Apt. #, etc.</p> <p>22</p> <p>City & State</p> <p>23 MIAMI, FL</p> <p>Zip Country</p> <p>24 33185 25</p>	<p>2a. Mailing Address</p> <p>26 3717 SW 153 Pl.</p> <p>Suite, Apt. #, etc.</p> <p>27</p> <p>City & State</p> <p>28 MIAMI, FL</p> <p>Zip Country</p> <p>29 33185 30</p>	
<p>9. Name and Address of Current Registered Agent</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>FOJO, FELIX J 471 NW 82ND AVE U709 MIAMI FL 33126</p> </div> <div style="width: 15%;"> <p>81 Name</p> <p>82 Street Address</p> <p>83</p> <p>84 City</p> </div> </div>		
<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.</p> <p>SIGNATURE: <u><i>[Signature]</i></u> Felix J. Fojo</p> <p style="font-size: small;">(NOTE: Registered Agent signature required)</p>		
<p>12. OFFICERS AND DIRECTORS</p>		
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>D <input checked="" type="checkbox"/> DELETE</p> <p>FOJO, FELIX J</p> <p>471 N.W. 82ND AVE U 709</p> <p>MIAMI FL 33126</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	
<p>13.</p>		
	<p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY - ST - ZIP</p>	
	<p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY - ST - ZIP</p>	
	<p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY - ST - ZIP</p>	
	<p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY - ST - ZIP</p>	
	<p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY - ST - ZIP</p>	
	<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY - ST - ZIP</p>	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1997	
4. FEI Number 65-0773974	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FOJO, FELIX J 471 NW 82ND AVE U709 MIAMI FL 33126		81	Name FOJO, Felix J.
		82	Street Address (P.O. Box Number is Not Acceptable) 3717 SW 153 PL.
		83	
		84	City Miami
		85	Zip Code FL 33185

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Felix J. Tojo 4/20/98
(Type or printed name of reinstating agent and title of agent below)
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" 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	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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	
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	
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	
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)(f), 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: Felix J. Fojta 4/20/98 (202) 550-3395

CP2E034 (10/97)