**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000045173 1. Corporation Name

ALIXIS INC.

May 01, 1999 8:00 am Secretary of State 05-01-1999 90068 049 \*\*\*150.00

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Driveinal Place	o of Business	Mailing Address				L HONTHOUGH HITE COURT HOUSE WAREN	BDÁIL GBULL BBAIL I	RIANI NIINI 11911	1 <b>0000</b> (5)1 ( <b>00</b> )
Principal Place	• • • •	-					•		
770 PONCE DE LEON BLVD. 770 PONCE DE LEON			LVD.						
SUITE 400 CORAL GABLES	C EI 22124	SUITE 400 CORAL GARLES EL 33134	CORAL GABLES FL 33134			DO NOT WE	RITE IN THIS	SPACE	
US	6 / E 00/04	US			3.	Date Incorporated or Qualife	d		
	•	••				05/21/1997			
2. Principal P	lace of Business	2a, Mailing Address			4.	-FEI:Number			plied For
21	,	26				65-0754393		No.	ot Applicable
Suite, Apt.	<del></del>	Suite, Apt. #, etc.							Additional
22		27			5.	Certificate of Status Desired		Fee Re	equired
City & State	e	City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28			) -	Trust Fund Contribution	<b>,</b> $\Box$	Added	
Zip	Country	Zip	Country	,	8.	This corporation owes the cu	rrent year Int	angible	
24	25	29	30			Personal Property Tax.	•	<b>⊠</b> Yes	□No
	9. Name and Address of Current	<del></del>			10.	Name and Address of New	Registered	Agent	
			81	Name		_ :	<del>_</del>		-
	a, raul		82	61	Addes '	P.O. Box Number is Not Accep	table)	<del></del> -	·
770 PONCE DE LEON BLVE.			82	Street	Address (F	J.O. Box Number is Not Accep	наше)	•	
SUN	E 400		83	<del>                                     </del>		<del></del>			
COR	IAL GABLES FL 33134		<u> </u>	<u> </u>		<u>.</u>		· · ·	
			84	City			FL	85 Zip	Code
11 Durewent	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named 6	comoratio	n submits this statement for th	e-purpose-of-	changing its	registered
office or n	egistered agent, or both, in the State of	f Florida, Such change was auf	thorized by		ention's be	oard of directors. I hereby acc	ent the annoi	ntment as re	gistered
000		, I lotted; Cool Storings trace out	ulbrized by	the corpo	nauon s uc	Data of directors, I floreby doo	chr mo appon		-
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	the corpo	nation's De	Dara of directors. Thereby does	cpr the appear		
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agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F	da Statutes Registered Ager	i. 	equired when i		DATE		
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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 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 CITY-ST-ZIP

SIGNATURE:

REQUIRED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR