1999



FLORIDA DEPARTMENT OF STATE.

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000051345**1. Corporation Name

FIREX INTERNATIONAL INC.

| _ | | | | |
|---|------|------|------|--|
| | | | | |

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

04-26-1999 90171 001 ***150.00

| Principal Place | of Business | Mailing Address | | | | |
|----------------------|---|---|--|---|--|--|
| 2095 SW 19 AVE | | -2625 SW 78 ME | | | | |
| MHAMI FL:30155 | | MIAMLEL 33755 | | DO NOT WRITE IN THIS SPACE | | |
| * | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 06/10/1997 | | |
| | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| | ace of Business | 26 20824 SANSEME | ON WAY | 65-0786192 | Not Applicable | |
| | I SAN SIMEON WAY | Suite, Apt. #, etc. | Dir win I | | \$8.75 Additional | |
| Suite, Apt. i | 109 | الاحاد الحدد | | 5. Certificate of Status Desired | Fee Required | |
| 22 | <u> </u> | City & State | | 6. Elect on Campaign Financing | \$5.00 May Be | |
| City & State | MITAPIT BENCH FL- | 28 NORTH MIAPLE | REACH IL | Trust Fund Contribution | Added to Fees | |
| | Country | | Country | 8. This corporation owes the current year Intan- | gible | |
| Zip 331 | TO ITA | 29 33179 30 | USA | | Yes No | |
| 24 571 | 9. Name and Address of Current | | | 10. Name and Address of New Registered Ag | ent | |
| | g. Name and Ad hess of correct | Negisterou Agent | 81 Name | GONZALEZ VICENTE | | |
| GON | ZALEZ, VICENTE | | | | | |
| | SW Z8 AVE | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | FL 33155 | | 83 -2 (1) 2 | | | |
| in in in in | 11 1 2 30 100 | | 2082 | 4 SAN SIMEON WAY #109 | | |
| | | | 84 City | 4 SAN SIMEON WAY #109 CTH MEAME BEACH FL | 85 Zip Code 35179 | |
| 1 | | | NC) | CIM MUMPIL BEACH IL | State of the second of the sec | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, t f Florida, Such change was autho | he above-named on prized by the corpora | reporation submits this statement for the purpose of critical statements accept the appointment of the purpose of critical statements accept the appointment of the purpose of critical statements accept the appointment of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the purpose of critical statements are statements as a statement of the critical statements are statements as a statement of the critical statements are statements as a statement of the critical statements are statements as a statement of the critical statements are statements. | nent as recistered | |
| agent. I ar | m familiar with, and accept the obligate | ons of, Section 607.0505, Florida | Statutes. | | | |
| SIGNATURE | | | | | | |
| SIGNATURE | Signature, typed or printed na ne of registered agent | | stered Agent signature requ | red when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND | DIDECTORS IN 13 | |
| 12. | OFFICERS AND | | 13. | | Change Addition | |
| TITLE | VS | ☐ DELETE | 1.1 TITLE | 4 O | | |
| NAME | GONZALEZ, VICENTE | 1 | 1.2 NAME | ONZALEZ- VICENTE | ± 109 | |
| STREET ADDRESS | 2635 9W Z8 AVE | t | 1.3 STREET ADDRESS | 20824 SAN SIMEON WAY & | 7.2 i 70 | |
| CITY-ST-ZIP | MIAMHFL 33155 | | 1.4 CITY-ST-ZIP | WOLTH MIAMI BEACH FL | Change Addition | |
| TITLE | PT | 🗍 DELETE | | { \ | | |
| NAME | RODRIGUEZ, MARIA Y | 1 | 22 NAME | LODELGNEZ, MARTAY. | #109 | |
| STREET ADDRESS | 2635 SW-78 AVE | 1 | 23 STREET ADDRESS | 20024 Shir Jimeon will | - ' | |
| CITY-ST-ZIP | MIAMIFE 33155 | | 2 4 CITY-ST-ZIP | VOCTH MIAME BEACH FL 331 | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | 1 | 3.2 NAME | | } | |
| STREET ADDRESS | | 1 | 3.3 STREET ADDRESS | |) | |
| CITY-ST-ZIP | | į | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition | |
| NAME | | , | 4, 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| | | | 4.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| 1 | • | | 5.3 STREET ADDRESS | | | |
| STREET ADDRESS | | | 5.4 CITY-ST-ZIP | | İ | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | Change [] Addition | |
| TITLE | İ | - Proc. 2 | 6.2 NAME | | i | |
| NAME | | | 6.3 STREET ADDRESS | | | |
| STREET ADDRESS | | | i ' | | | |
| CITY-ST-ZIP | l | | 6.4 CITY-ST-ZIP | n Saction 119 07(3)(i). Florida Statutes, I further cert t | in that the information | |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cert fy that the information indicated on this annual report or supplied and ual 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 tife receipter of flustee empowered to execute this report as required by Chapter 6.17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on all attactioned with a raddress, with all other like empowered.

SIGNATURE: