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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700060702

1. Corporation Name

ZONYX INC

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90036 028 ***150.00

Suite, Apt. #, etc.	Applicable ditional
Principal Place of Business Mailing Address	Applicable ditional
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE	Applicable ditional
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE	Applicable ditional
3. Date Incorporated or Qualifed 07/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired See Required Status Desired See Required Se	Applicable ditional
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applies 21 26 65-0788106 Not Applies Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Companies 22 27 City & State 6. Election Campaign Financing \$5.00 May	Applicable ditional
2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied 21 26 55-0788106 Not Applied Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Status 22 27 City & State 6. Election Campaign Financing \$5.00 May	Applicable ditional
21 26 65-0788106 Not Ap Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired Fee Require City & State City & State 6. Election Campaign Financing \$5.00 May	Applicable ditional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Require City & State City & State 6. Election Campaign Financing \$5.00 May	ditional
5. Certificate of Status Desired ——Fee Requir City & State ——City & State ——Fee Requir	
City & State City & State 6. Election Campaign Financing \$5.00 May	
Only de state	
128	
Zip Country Zip Country 8. This corporation owes the current year Intangible	
	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
CICALE, NINA	
1025 NE 202 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable)	
NORTH MIAMI BEACH FL 33179	
84 City FL 85 Zip Code	oe .
2 Annual State of Control and Control State of Control State of Control and Control of C	gistered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I nereby accept the appointment as registered.	tered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	NO IOU
	, cood
SIGNATURE Storature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICIALS DATE DATE OFFICIALS DATE OFFICIALS DATE DATE DATE OFFICIALS D	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TIPE Change	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TRIS.	 S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TRIS.	 S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TRIS.	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TRIS.	 S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TRIS.	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TIPE Change	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME CICALE, GABRIEL STREET ADDRESS 1.25 NE 202 TERRACE CITY-ST-ZIP INLA TITLE VP TITLE VP TITLE VP DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE STREET ADDRESS 1025 NE 202 TERRACE STREET ADDRESS 1025 NE 202 TERRACE 23 STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE CHANGE CICALE, GABRIEL 1.2 NAME 1.2 NAME 2.2 NAME CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE 23 STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP Change CICALE CHANGE	S IN 12
12. OFFICERS AND DIRECTORS TITLE PAME CICALE, GABRIEL STREET ADDRESS CITY-ST-ZIP NAME CICALE, NINA STREET ADDRESS CITY-ST-ZIP NAME CICALE, NINA STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 CAS WELL AS VP	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME CICALE, GABRIEL STREET ADDRESS 1025 NE 202 TERRACE I.1 TITLE STREET ADDRESS N. MIAMI BEACH FL 33179 TITLE VP NAME CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE N. MIAMI BEACH FL 33179 DELETE 3.1 TITLE Change CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE N. MIAMI BEACH FL 33179 DELETE 3.1 TITLE Change CICALE, Chan	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME CICALE, GABRIEL STREET ADDRESS CITY-ST-ZIP TITLE VP NAME CICALE, NINA STREET ADDRESS CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE N. MIAMI BEACH FL 33179 DELETE 2.1 TITLE CICALE, NINA STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 DELETE 3.1 TITLE 2.4 CITY-ST-ZIP TITLE NAME N. MIAMI BEACH FL 33179 DELETE 3.1 TITLE 3.2 NAME CICALE, NINA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.2 NAME Change Cha	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME CICALE, GABRIEL STREET ADDRESS CITY-ST-ZIP TITLE VP CICALE, NINA STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 TITLE CICALE, NINA STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 TITLE DELETE 2.1 TITLE CICALE, NINA STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS	S IN 12 Addition Addition
12. OFFICERS AND DIRECTORS TITLE P NAME CICALE, GABRIEL STREET ADDRESS 1025 NE 202 TERRACE OFFICERS AND DIRECTORS TITLE VP NAME CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE OTY-ST-ZIP N. MIAMI BEACH FL 33179 TITLE VP NAME CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE OTY-ST-ZIP N. MIAMI BEACH FL 33179 TITLE VP NAME CICALE, NINA STREET ADDRESS 1025 NE 202 TERRACE OTY-ST-ZIP TITLE NAME STREET ADDRESS 1025 NE 202 TERRACE N. MIAMI BEACH FL 33179 TITLE NAME STREET ADDRESS 1025 NE 202 TERRACE N. MIAMI BEACH FL 33179 TITLE NAME STREET ADDRESS 2.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.4 CITY-ST-ZIP	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	S IN 12 Addition Addition
Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registared Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE P	S IN 12 Addition Addition
Signature. typed or printed name of registared agent and title if applicable. (NOTE: Registared when reinstating) 12. OFFICERS AND DIRECTORS TITLE P NAME CICALE, GABRIEL STREET ADDRESS CITY-ST-ZIP TITLE VP NAME CICALE, NINA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Chan	S IN 12 Addition Addition
Signature, typed or printed name of registated agent and title if applicable. (NOTE: Registated Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P CICALE, GABRIEL STREET ADDRESS CITY-ST-ZIP TITLE VP CICALE, NINA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Change Change Change Change Change Change Change	S IN 12 Addition Addition
Signature, typed or printed name of registrated agent and tits if applicable. (NOTE: Registrated Agent signature required when reinstating) DATE	S IN 12 Addition Addition
Signature, typed or printed name of registrated agent and the if applicable. (NOTE: Registrated Agent signature required when reinstating) Date	S IN 12 Addition Addition

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, of on an attachment with an appears, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP