

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90042 030 ***150.00

DOCUMENT # P97000073237

1. Corporation Name
NIXOR, CORP.

Principal Place of Business
C/O ROTH, MILNE & RUSSO
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

Mailing Address
C/O ROTH, MILNE & RUSSO
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1997

4. FEI Number
65-0784136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3363 W. Commercial Blvd.

Suite, Apt. #, etc.

22 STE 105

City & State

23 FT LAUDERDALE, Florida

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 3363 W. Commercial Blvd.

Suite, Apt. #, etc.

27 STE 105

City & State

28 FT. LAUDERDALE, FL

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE

NAME PENNINI, SAUL

STREET ADDRESS AVENIDA BELGRANO 1683 PISO 12

CITY-ST-ZIP BUENOS AIRES 1093 ARGENTINA

TITLE DV ☐ DELETE

NAME SUAREZ, MIGUEL

STREET ADDRESS AVENIDA BELGRANO 1683 PISO 12

CITY-ST-ZIP BUENOS AIRES 1093 ARGENTINA

TITLE DT ☐ DELETE

NAME QUIRICI, GUSTAVO

STREET ADDRESS AVENIDA BELGRANO 1683 PISO 12

CITY-ST-ZIP BUENOS AIRES 1093 ARGENTINA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 SAUL PENNINI Pres.

Date

Daytime Phone #

CR2E034 (11/98)

0228971