

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  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90053 044 \*\*\*150.00

DOCUMENT # P97000100915

1. Corporation Name  
SIXNELL CORPORATION

Principal Place of Business  
9711 FOUNTAINBLEAU BLVD  
APT 104  
MIAMI FL 33172

Mailing Address  
9711 FOUNTAINBLEAU BLVD  
APT 104  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number  
65-0801951

Applied For  
Not Applicable

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

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

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

2. Principal Place of Business

21 4805 N.W. 79 Ave

Suite, Apt. #, etc.

22 16

23 City & State  
Miami, FL

24 Zip 33166 Country U.S.A.

2a. Mailing Address

26 4805 N.W. 79 Ave

Suite, Apt. #, etc.

27 16

28 City & State  
Miami, FL

29 Zip 33166 Country U.S.A.

9. Name and Address of Current Registered Agent

VALVERDE, NELSON  
4805 NW 79TH AVE  
SUITE 16  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Malexys Morales Paiva de Veiga  
82 Street Address (P.O. Box Number is Not Acceptable)  
4805 N.W. 79 Ave Ste 16  
83  
84 City Miami FL 85 Zip Code 33166

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)

1/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MALEXYS MORALES PAIVA DE VEIGA  
STREET ADDRESS RUA PRUDENTE DE MORIAS 1231 APT 102  
CITY-ST-ZIP IPANEMA RIO DE JANEIRO

TITLE D ☒ DELETE  
NAME VALVERDE, NELSON  
STREET ADDRESS 9711 FOUNTAINBLEAU BLVD, APT 104  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D/P ☒ Change ☐ Addition  
1.2 NAME Malexys Morales Paiva de Veiga  
1.3 STREET ADDRESS 10470 N.W. 48 ST  
1.4 CITY-ST-ZIP Miami, FL 33178

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:

Malexys Morales Paiva de Veiga

1/15/99 (305) 463-8660  
Date Daytime Phone #

CR2E034 (1/98)

0249078