

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90008 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000004340** ✓

1. Corporation Name

**PRINXIS IMPORT/EXPORT, INC.**

Principal Place of Business

**16570 NE 26TH AVE  
#5-D  
N MIAMI BEACH FL 33160**

Mailing Address

**16570 NE 26TH AVE  
#5-D  
N MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1998**

4. FEI Number

**603-54-7040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

**21 21300 SAN SIMEON AVE**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 # K-5**

**27**

City & State

City & State

**23 NORTH MIAMI BEACH, FL**

**28**

Zip

Country

Zip

Country

**24 33179**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**ARAGUNDI, RAFAEL  
16570 NE 26TH AVE  
#5-D  
N MIAMI BEACH FL 33160**

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 **PD** ☐ DELETE  
NAME **ENDERICA, LUIS**  
STREET ADDRESS **16570 NE 26TH AVE, #5-D**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **VD** ☐ DELETE  
NAME **PARDO, JORGE**  
STREET ADDRESS **16570 NE 26TH AVE, #5-D**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **SD** ☐ DELETE  
NAME **ALVARADO, JUAN CARLOS**  
STREET ADDRESS **16570 NE 26TH AVE, #5-D**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **TD** ☐ DELETE  
NAME **ALVARADO, SANDRA**  
STREET ADDRESS **16570 NE 26TH AVE, #5-D**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

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.

SIGNATURE:

**Juan Carlos Alvarado SD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/99**  
Date

**305-450-4184**  
Daytime Phone #

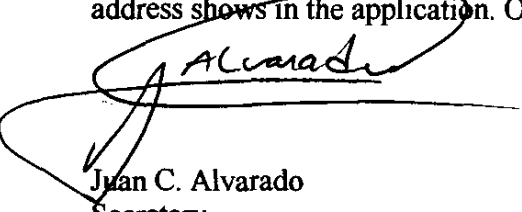
CR2E034 (5/99)

P98000004340  
593551-90008-7

July, 15th 1999  
Prinxis Import-Export, Inc.  
North Miami, Fl 33179  
Re: Annual Report  
To: Department of State

TO WHOM IT MAY CONCERN, OR (ANNUAL REPORT ESPECIALIST)

With the present first of all I extend my gratitude for the excellent customer service that was provided to me on the phone (850)-488-9000. Since it was our first time in our company filing the annual report, I was given the proper instructions to get the filing done. At the beginning we submitted a change of address form, evidently we sent it to the wrong address, this resulted in us not getting the first notice to file. Attached I send ~~to~~ the \$150 and the application, and I thank you for the fact of waiving the late fee. Next year it will be file on time. A corrected address shows in the application. Once again thanks for your service.

  
Juan C. Alvarado  
Secretary