

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

0241390

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90006 036 ***150.00

DOCUMENT # **P98000016503**

1. Corporation Name
AMXA GROUP, INC.

Principal Place of Business
**8366 NORTHWEST 68TH STREET
MIAMI FL 33166**

Mailing Address
**8366 NORTHWEST 68TH STREET
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **7205 N.W. 44 STREET**

2a. Mailing Address
26 **7205 N.W. 44 STREET**

3. Date Incorporated or Qualified
02/20/1998

4. FEI Number
65-0813953

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State
23 **MIAMI, FL.**

27 City & State
28 **MIAMI, FL.**

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

24 Zip
33166

25 Country
USA

29 Zip
33166

30 Country
USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **VALDERRAMA, MARLENE**
STREET ADDRESS **8366 NORTHWEST 68TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **D VALDERRAMA, MARLENE**
1.3 STREET ADDRESS **7205 NW 44 ST.**
1.4 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ DELETE
NAME **GOMEZ, MONICA**
STREET ADDRESS **8366 NORTHWEST 68TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **S GOMEZ, MONICA**
2.3 STREET ADDRESS **7205 NW 44 ST.**
2.4 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE ☒ DELETE
NAME **GIL, ALEJANDRO**
STREET ADDRESS **8366 NORTHWEST 68TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **P/T GIL, ALEJANDRO**
3.3 STREET ADDRESS **7205 NW 44 ST.**
3.4 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **ALEJANDRO GIL** PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99 (305) 474-4686

Date

Daytime Phone #

CR2E034 (1/1/98)