


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90060 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000022278**

1. Corporation Name  
**FCX FUTURES CORPORATION**



Principal Place of Business 10968 MAINSAIL DRIVE COOPER CITY FL 33026	Mailing Address 10968 MAINSAIL DRIVE COOPER CITY FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1111 KANE CONCOURSE</b> Suite, Apt. #, etc. 22 <b>SUITE 219B</b> City & State 23 <b>BAY HARBOR IS.</b> Zip 24 <b>33154</b> 25 <del>State</del> Country 26 <b>Dade</b>	2a. Mailing Address 26 <b>1111 KANE CONCOURSE</b> Suite, Apt. #, etc. 27 <b>SUITE 219B</b> City & State 28 <b>BAY HARBOR IS.</b> Zip 29 <b>33154</b> 30 <del>State</del> Country 30 <b>Dade</b>
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3. Date Incorporated or Qualified <b>03/09/1998</b>	4. FEI Number <b>650818690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GARCIA, CARLOS M**  
**10968 MAINSAIL DRIVE**  
**COOPER CITY FL 33026**

**1111 KANE CONCOURSE**  
**BAY HARBOR ISLANDS**  
**FL 33154**

10. Name and Address of New Registered Agent

81 Name **GARCIA CARLOS M**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1111 KANE CONCOURSE # 219B**

83

84 City **BAY HARBOR IS** FL 85 Zip Code **33154**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GARCIA, CARLOS M	
STREET ADDRESS	10968 MAINSAIL DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	REVERON, CLAUDIO D	
STREET ADDRESS	10968 MAINSAIL DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1111 KANE CONCOURSE NO 219B</b>
1.4 CITY-ST-ZIP	<b>BAY HARBOR IS. FL 33154</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1111 KANE CONCOURSE NO 219B</b>
2.4 CITY-ST-ZIP	<b>BAY HARBOR IS, FL 33154</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **305-867-0028**

CR2E034 (11/98)