

SENT BY: HERMAN & WALLACH P.C. ; 1-29-99 ; 1:14PM ; HERMAN

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

FILED
Feb 02 1999 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9800002545 1. Corporation Name Fenix Group Reps, Inc.			
Principal Place of Business 7200 N.W. 19th Street Room 402 Miami, Florida 33126		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		25 Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 3/18/98		4. FEI Number ☒ 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	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		8. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. Virginia St. Ste 1 Tallahassee, FL 32301	
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies 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 607.0508, Florida Statutes.			
SIGNATURE _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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 the 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 partner 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: Susanna Falconi

SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

Day, Mo, Year

CR2E04 (11/98)