2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2000 8:00 am Secretary of State DOCUMENT # P98000053028 1. Entity Name AAXICO (SOUTHERN AFRICA), INC. 03-01-2000 90076 047 ***150.00 Principal Place of Business Mailing Address 8881 NW 13TH (VE) TERRACE 8881 NW 13TH (AVE) TERRACE MIAMI FL 33172-3011 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0844315 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE, SUITE 125 CORAL GABLES FL 33146 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ☐ Addition ☐ Delete TITLE KORTH, WILLIAM F NAME NAME STREET ADDRESS STREET ADDRESS 8881 NW 13TH AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33172** Change Addition STD ☐ Delete TITLE KORTH, THOMAS NAME STREET ADDRESS STREET ADDRESS 8881 NW 13TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change ☐ Addition VASD-Delete TITLE WINGATE, JAY NAME NAME STREET ADDRESS STREET ADDRESS 8881 NW 13TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ☐ Change Delete TITLE TITLE NAME KORTH, JAMES E NAME STREET ADDRESS STREET ADDRESS 8881 NW 13TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33172 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an artificial, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 (305)5924633

Daytime Phone #