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FILED
Apr 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P98000063439 1. Corporation Name S.A.X. ENTERPRISES, INC.																																																																																																																	
Principal Place of Business 18331 PINES BOULEVARD SUITE 125 PEMBROKE PINES FL 33029			Mailing Address 18331 PINES BOULEVARD SUITE 125 PEMBROKE PINES FL 33029																																																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 07/20/1998 4. FEI Number 65-0857579 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No																																																																																																													
9. Name and Address of Current Registered Agent AMERLAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name Arturo X. LARGACHA 82 Street Address (P.O. Box Number is Not Acceptable) 1825 S.W. 171 TERCE 83 84 City MIRAMON FL 85 Zip Code 33029																																																																																																														
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 Arturo X. LARGACHA DATE 4/13/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>LARGACHA, ARTURO X JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18331 PINES BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33029</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	☐ DELETE	NAME	LARGACHA, ARTURO X JR.		STREET ADDRESS	18331 PINES BOULEVARD		CITY-ST-ZIP	PEMBROKE PINES FL 33029		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			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 <table border="1"> <tr> <td>1.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			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	
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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 affidavit, with all other filers empowered.

SIGNATURE: **Arturo X. LARGACHA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99

Date

Daytime Phone #

CR2E034 (1/98)