


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90059 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000079358 1. Corporation Name FIXTURE ENTERPRISES INC.			
Principal Place of Business 407 LINCOLN ROAD SUITE 12C MIAMI BEACH FL 33139		Mailing Address 407 LINCOLN ROAD SUITE 12C MIAMI BEACH FL 33139	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 09/15/1998		4. FEI Number 65-0867663	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent WAYNE GEOFFREY M 1011 BRICKELL BAY DRIVE SUITE 2702 MIAMI FL 33131-4940		10. Name and Address of New Registered Agent 81 Name JOAO ARTUR FERRARI 82 Street Address (P.O. Box Number is Not Acceptable) 8140 N.W. 74 Avenue-Ste. #4 83 84 City MIAMI FL 85 Zip Code 33166	
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: <i>[Signature]</i> DATE: 5/11/99			
12. OFFICERS AND DIRECTORS TITLE P/D <input type="checkbox"/> DELETE NAME JUAN VALDES STREET ADDRESS 8140 NW 74 Ave. - Ste. #4 CITY-ST-ZIP Miami, Fl. 33166 TITLE S/D <input type="checkbox"/> DELETE NAME JOAO ARTUR FERRARI STREET ADDRESS 8140 NW 74 Ave.-ste.#4 CITY-ST-ZIP Miami, Fl. 33166 TITLE D <input type="checkbox"/> DELETE NAME MARTHA REYES STREET ADDRESS 8140 NW 74 Ave.-Ste. #4 CITY-ST-ZIP Miami, Fl. 33166 TITLE D <input type="checkbox"/> DELETE NAME JORGE PASCUAL STREET ADDRESS 8140 NW 74 Ave.-Ste. #4 CITY-ST-ZIP Miami, Fl. 33166 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

04/22/99

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