

PROFIT
CORPORATION
ANNUAL REPORT
2001'



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P99000069337
1. Corporation Name

FXC CONSULTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

Principal Place of Business

Mailing Address

SEE BELOW

3. Date Incorporated or Qualified

8-4-99

3a. Date of Last Report

NONE

2. Principal Place of Business

2a. Mailing Address

21 2875 N.E. 191 St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 603

27

City & State

City & State

23 AVENTURA, FL.

28

Zip

Country

Zip

Country

24 33180

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURICIO G. VON LUXBURG

81 Name

MAURICIO G. VON LUXBURG

82 Street Address (P.O. Box Number is Not Acceptable)

2875 N.E. 191 St., Suite 603

83

84

City
Aventura

FL

85

Zip Code
33180

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME MAURICIO G. VON LUXBURG
STREET ADDRESS 2875 N.E. 191 St., Suite 603
CITY-ST-ZIP Aventura, FL., 33180

TITLE S/D ☐ DELETE
NAME ERNESTO CARRIZOSA
STREET ADDRESS 2875 N.E. 191 St., Suite 603
CITY-ST-ZIP Aventura, FL., 33180

TITLE VP/D ☐ DELETE
NAME JOSE A. MALABET
STREET ADDRESS 2875 N.E. 191 St., Suite 603
CITY-ST-ZIP Aventura, FL., 33180

TITLE T/D ☐ DELETE
NAME JUAN MANUEL FREIDEL
STREET ADDRESS 2875 N.E. 191 St., Suite 603
CITY-ST-ZIP Aventura, FL., 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

(305) 931-3465

Date

Daytime Phone #