

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 554240

1. Corporation Name

MIX GROUP OF SOUTH FLORIDA, INC

Principal Place of Business

Mailing Address

4611 S. UNIVERSITY DR.
SUITE 198
DAVIE, FL 33328

4611 S. UNIVERSITY DR.
SUITE 198
DAVIE, FL 33328

3. Date Incorporated or Qualified

05/20/91

3a. Date of Last Report

1/18/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0262553

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

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

GUZMAN, MARIO
7907 NW 53 ST # 417
MIAMI, FL 33166

81 Name

ALMA REYES

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

4611 S. UNIVERSITY DR.

83 SUITE 198

84 City

DAVIE, FL

FL

85 Zip Code

33328

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

Alma Reyes

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

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME COLVIN, GRANT
1.3 STREET ADDRESS 7907 NW 53 ST #417
1.4 CITY-ST-ZIP MIAMI, FL 33166 ☒ DELETE

1.1 TITLE PR
1.2 NAME MANUEL RODRIGUEZ ☒ Change ☒ Addition
1.3 STREET ADDRESS 4611 S UNIVERSITY DR # 198
1.4 CITY-ST-ZIP DAVIE, FL 33328

2.1 TITLE D
2.2 NAME EDWARDS, JOSEPH
2.3 STREET ADDRESS 7907 NW 53 ST #417
2.4 CITY-ST-ZIP MIAMI, FL 33166 ☒ DELETE

2.1 TITLE D
2.2 NAME JORGE VEGA ☒ Change ☐ Addition
2.3 STREET ADDRESS 4611 S UNIVERSITY #198
2.4 CITY-ST-ZIP DAVIE, FL 33328

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

3.1 TITLE UP ☐ Change ☒ Addition
3.2 NAME JAMES DALE CHANDLER
3.3 STREET ADDRESS 4611 S UNIVERSITY #198
3.4 CITY-ST-ZIP DAVIE, FL 33328

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

4.1 TITLE ST ☐ Change ☒ Addition
4.2 NAME ALMA REYES
4.3 STREET ADDRESS 4611 S. UNIVERSITY DR # 198
4.4 CITY-ST-ZIP DAVIE, FL 33328

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

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

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

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

14. I, the undersigned, 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:

Alma Reyes

ALMA REYES

4-28-97

954-792-9664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)