

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S54240** (4)
1. Corporation Name
MIX GROUP OF SOUTH FLORIDA, INC.



Principal Place of Business 4811 S. UNIVERSITY DR. SUITE 198 DAVIE FL 33328	Mailing Address 4611 S. UNIVERSITY DR. SUITE 198 DAVIE FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYES, ALMA
4611 S. UNIVERSITY DR.
SUITE 198
DAVIE FL 33328**

81 Name

MATTHEW F. KEMP

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

4611 S. UNIVERSITY DR.

83 **SUITE 198**

84 City **DAVIE**

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

MATTHEW F. KEMP (ST) **MATTHEW F. KEMP.**

2/20/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PR	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, MANUEL	
STREET ADDRESS	4611 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE FL 33328	

1.1 TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOMEZ, GERALDO	
1.3 STREET ADDRESS	4611 S. UNIVERSITY DR.	
1.4 CITY-ST-ZIP	DAVIE, FLA. 33328	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, JORGE	
STREET ADDRESS	4611 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE FL 33328	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FARO, THOMAS V.	
2.3 STREET ADDRESS	4611 S. UNIVERSITY DR.	
2.4 CITY-ST-ZIP	DAVIE, FL. 33328	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHANDLER, JAMES D	
STREET ADDRESS	4611 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE FL 33328	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	REYES, ALMA	
STREET ADDRESS	4611 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE FL 33328	

4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEMP, MATTHEW F.	
4.3 STREET ADDRESS	4611 S. UNIVERSITY DR.	
4.4 CITY-ST-ZIP	DAVIE, FL. 33328	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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.

SIGNATURE: **MATTHEW F. KEMP** **MATTHEW F. KEMP.** **2/20/98**

CR2E034 (1097)