Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90066 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **S70712**

1. Corporation Name

CITREX,	INC.				
Principal Place	- A Duningan	Mailing Address	<del></del>		4 4
1394 CORAL W MIAMI FL 33145 US	'AY	1394 CORAL WAY MIAMI FL 33145 US		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 07/26/1991	IS SPACE
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ace of business	26		65-0299750	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4.	\$8.75 Additional
22	.,	27	•	5. Certificate of Status Desired	Fee Required
City & State	е	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible
24	25	29 30	o	Personal Property Tax.	XX Yes □No
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
TAMAMES, SYLVIA 8 <del>81 Belle-Meade-Island</del> Mi <del>ami-Fl-33138</del>			83 84 City	ddress (P.O. Box Number is Not Acceptable) CORAL WAY	L 85 Zip Code 33145
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		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TAMAMES, FERNANDO, III		1.2 NAME		
STREET ADDRESS	881-BELLE MEADE ISLAND		1.3 STREET ADDRÉSS	1394 CORAL WAY	
CITY-ST-ZIP	MIAMI FE 33138			MIAMI, FL 33145	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
l NAME	TAMAMES, FERNANDO I		2.2 NAME	•	}
STREET ADDRESS	881-BELLE MEADE ISLAND		2.3 STREET ADDRESS	1394 CORAL WAY	*
CITY-ST-ZIP	MIAMI FE 39138		2. 4 CITY-ST-ZIP	MIAMI, FL ~33145	·
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 ππLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
71TI E		□ DELETE	5.1 TITLE		☐ Change ☐ Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Daytime Phone #

☐ Change

☐ Addition