## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2004 8:00 am Secretary of State **DOCUMENT # V12467** 03-29-2004 90022 047 \*\*\*150.00 THE AXMINSTER CORPORATION Principal Place of Business Mailing Address ONE SE THIRD AVENUE ONE SE THIRD AVENUE 28TH FLOOR 28TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 68-0557180 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVE 27TH FLOOR MIAMI, FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST Delete TITLE TITLE ☐ Change Addition GUILLERMO, DUARTE DUARTE H., CARLOS NAME NAME C/O ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS ONE SE THIRD AVENUE, 28TH FLOOR STREET ADDRESS CITY-ST-7IP MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 Delete TITLE 10115 Change XI Addition DUARTE, MARIA ELISA (DE) CARLOS, DUARTE H NAME NAME STREET ADDRESS ONE SE THIRD AVENUE, 28TH FLOOR C/O ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MLAMI, FL 33131 Delete P TITLE TITLE ★ Addition ☐ Change DUARTE, GUILLERMO NAME NAME STREET ADDRESS STREET ADDRESS C/O ONE S.E. 3RD AVENUE, 28TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME DE CASTRO, MARIA ELENA (DE) STREET ADDRESS STREET ADDRESS C/O ONE S.E. 3RD AVENUE, 28TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS DUARTE H.

305 936 1640

Daytime Phone #

Date

FILED