FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JAN 27 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29264 (1)

1. Corporation Name
DEXXA CORP.

Principal Place of Business
5561 NW 74TH AVE
MIAMI FL 33166

Mailing Address
5561 NW 74TH AVE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 5571 N.W 7 Ave
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33166
25 Country

2a. Mailing Address
26 5571 N.W 7 Ave
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 33166
30 Country

4. FEI Number: 65-0329703 — 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
ROTH, LEONARDO A
5561 NW 74TH AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name: Gustavo Di Pilla
82 Street Address (P.O. Box Number is Not Acceptable): 5571 N.W. 7 Ave
83
84 City: Miami, FL
85 Zip Code: 33166

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: GUSTAVO DIPILLA — 01/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	DIPILLA, GUSTAVO
STREET ADDRESS	5561 NW 74TH AVE
CITY-ST-ZIP	MIAMI FL 33166
TITLE	ST
NAME	DIPILLA, GUSTAVO
STREET ADDRESS	5561 NW 74TH AVE
CITY-ST-ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		200001394992
1.3 STREET ADDRESS		-02/01/95--01039--018
1.4 CITY-ST-ZIP		****200.00 ****200.00
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gustavo Di Pilla — Pres. — 1-16-94 — 882-0868
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180416 CP