**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **V29264** **(1)**

1. Corporation Name
**DEXXA CORP.**

Principal Place of Business
5571 N.W. 74TH AVE.
MIAMI FL 33166

Mailing Address
5571 N.W. 74TH AVE.
MIAMI FL 33166

2. Principal Place of Business
21 7620 N.W 25 st
Suite, Apt. #, etc.
22 UNIT 7
City & State
23 MIAMI, FL
Zip 24 33122 Country 25 U.S.A

2a. Mailing Address
26 7620 N.W 25 st
Suite, Apt. #, etc.
27 UNIT 7
City & State
28 MIAMI, FL
Zip 29 33122 Country 30 USA

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 01/27/1995
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

DI PILLA, GUSTAVA
5571 N.W. 74TH AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: DiPilla GUSTAVO
82 Street Address (P.O. Box Number is Not Acceptable): 7620 N.W 25 st #7
83
84 City: MIAMI FL 85 Zip Code: 33122

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TYPE | PVD | ☐ DELETE |
| NAME | DIPILLA, GUSTAVO | |
| STREET ADDRESS | 5561 NW 74TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TYPE | ST | ☐ DELETE |
| NAME | DIPILLA, GUSTAVO | |
| STREET ADDRESS | 5561 NW 74TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TYPE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TYPE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TYPE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TYPE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1-1 TITLE | | ☒ Change ☐ Addition |
| 1-2 NAME | | |
| 1-3 STREET ADDRESS | 7620 N.W 25 st #7 | |
| 1-4 CITY-ST-ZIP | MIAMI, FL 33122 | |
| 2-1 TITLE | | ☒ Change ☐ Addition |
| 2-2 NAME | | |
| 2-3 STREET ADDRESS | 7620 N.W 25 st #7 | |
| 2-4 CITY-ST-ZIP | MIAMI, FL 33122 | |
| 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 | | |

CR2E034 (12/95)

14. I declare that the information supplied with this form is voluntarily furnished and 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 added on an attachment with an address.

**SIGNATURE:** G. DiPilla Pres. 2-20-96 8820868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number