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

FILED Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)V54851 **ROXITEX CORPORATION** Principal Place of Business Mailing Address 987-1W-66TH ST- 5543 N W フスAVE 8007-WY-007H-97- 6543 N. W 72 Ave MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1992 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For manne 65-0341234 554371. W 72 ave 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country Country Personal Property Tax due June 30. ☐ No 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 5543 N.W 72 ave -T8-HT50 WM-0500 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166** 83 City Zip Code FL 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 agont, 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, typeid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE DELETE 1.1 TITLE ERGUETA, SONIA PEREYRA NAME 1.2 NAME **CR2E034** 8620 NW 66TH ST. STREET ADDRESS 1.3 STREET ADDRESS MAIMI FL 33166 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.9 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

6.1 TITLE

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 cath; that I am an officer or director of the corporation of 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 man attachment with an address.

305 8820037

☐ Change ☐ Addition