## 2001 HNIFORM RUSINESS REDORT (HRD)

DAXAL INVESTMENTS, INC.    Secretary of State   Os-02-2001 90189 028 ***150.00	2001	UNIFORM BUSI	<b>NESS REPO</b> I	RT (UB	BR)		FILE	D		
Principal Prace of Business 607 FANCE DE LEON BLVD 9101 CORNEL GREES R 37999 US  2. Principal Prace of Business 2.50 Girando Aug. 2.50 Gir	DOCUMENT # V69617  1. Entity Name					May 02, 2001 8:00 am				
SET POWER DE LEON BLVD #101   CORAL CARLES R. 37154   COUNTY CARLED A QUE   DO NOT WRITE IN THIS STACE   DO NOT WRITE IN THIS STAC	DAXAL II	NVESTMENTS, INC.								
CORM. CARLES R. 20134  12. Principal Place of Business SDO G1/RALDA AUE SUB, ALL & Robe SUB, A	Principal Plac	e of Business	Mailing Address	<del></del>						
Side Aut 6 side  County G State  City & Stat	CORAL GABLES		CORAL GABLES FL 33134				cuu38154			
City & State  Ci	<u>250</u>	GIRALDA HUE	250 GIRALDA AUE							
S. Name and Address of Current Registrared Agent  S. Name and Address of Saltus Desired   \$8.75 Agent House   \$8.75 Agent Hous	CORAL	L GABLES, FL		SLES, F	2	D	O NOT WRITE IN THIS	SPACE		
6. Name and Address of Current Registered Agent  NUNEZ, ALEJANDRO NUNEZ, ALEJANDRO 1607 PONDE DE LEON BLVD #101 CORAL GABLES F. 33134  250 GIRALDA AUENUE  Sites Address (P.O. Box Number is Not Acceptable)  The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fooda.  Sites Address (P.O. Box Number is Not Acceptable)  The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fooda.  Sites Address (P.O. Box Number is Not Acceptable)  The above named entry submits this statement for the state of Fooda.  Sites Address (P.O. Box Number is Not Acceptable)  The above named entry submits this statement for the state of Fooda.  Sites Address (P.O. Box Number is Not Acceptable)  The above named entry submits this statement for the state of Fooda.  Sites Address (P.O. Box Number is Not Acceptable)  The above named entry submits this statement for the state of Foodal agent for acceptable and food and food are acceptable and food acceptable and food and food acceptable and food accept	<u> </u>		City & State			4. FEI Number 6	5-0405300	<del></del>	pplied For ot Applicab	le
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Numbe		6. Name and Address of Current R	egistered Agent	Name			A			4
8. The above named only ubmits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Syname, hybrid a prime type of named sport and this purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to seatsly its Intanguite  11. OFFICERS AND DIRECTORS  Tax thing requirement and table its to do a floridation of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to seatsly its Intanguite  11. OFFICERS AND DIRECTORS  Tax thing requirement and table its to do a floridation of the state of Florida.  Added to F  FIDS NOW!!! FEE IS \$150.00  Mark Corporation is State  Mark Corporation is supplied to seatsly its Intanguite  Added to F  FIDS NOW!!! FEE IS \$150.00  Trust Fund Contribution.  Added to F  STITE ADDRESS  STRET ADDRESS  ST	Character					D. Box Number is No				4
8. The above named enjoy buthits his statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  9. This corporation is officible to estify its Intampible Tax filling requirement and and elements. Inc do each of the company of the corporation is officible to estify its Intampible (Art MAY) 2001 Fee will be \$550.00  Tax filing requirement and elements. Inc do each of the Market Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  SANTE-NUNEZ, LOURDES  SIRET ADDRESS  CITY-S1-ZP  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TOTAL GABLES FL  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  Delete  TITLE				25	50 (	DIRALD	A AUEN	UUE	<del></del>	$\dashv$
SIGNATURE    Signature   Signa		_		COR	AL G	ABLES	<del></del>	<del></del> _	°34	
9. This corporation is a diplote to satisfy its Intanjuicle Task filing requirement and a few states of the satisfy its Intanjuicle Task filing requirement and and electric to do see   FILS NOW!!! FEE IS \$150.00    10. Election Campaign Financing Trust Fund Contribution.   \$5.00 Min Added to Filing requirement and and electric to do see   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE   PSTD   SANTE-NUNEZ, LOURDES   18. SANTE-NUNEZ, LOURDES	8. The above	named enlity submits this statement for t	the purpose of changing its re	gistered office	or registered	agent, or both, in the	State of Florida.		,	
Tax fling requirer/kot and elects to do see   After MAY 2001 Fee will be \$550.00   Trust Fund Contribution.   Added to File certified on back)   Make Circlect Payable to Department of State   Trust Fund Contribution.   Added to File certified on back)   Make Circlect Payable to Department of State   Trust Fund Contribution.   Added to File certified on back)   Trust Fund Contribution.   Added to File certified on back)   Trust Fund Contribution.   Added to File certified on back)   Trust Fund Contribution.   Added to File certified on back)   Trust Fund Contribution.   Added to File certified on back)   Trust Fund Contribution.   Added to File certified on back)   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on back   Trust Fund Contribution.   Added to File certified on File certified on back   Trust Fund Contribution.   Added to File certified on Fil	SIGNATURE _	Signature, typed or printed name of registered agent and	d title if approable. (NOTE: R	W DEO (	JUNEZ- ature required wh	en reinstating)	DATE	26-01		
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SIGNATURE: Musical Loundes Sonte None 4-26-0305-774622  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da	SIGNAT	URE SIGNATURE AND TYPED ON PRIN	Will LOUR DES	Sante No DIRECTOR	luez	Y-24 Date	-0 305- 7	7462 Paytime Phone #	222	