


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

**FILED**  
**Jun 19, 1999 8:00 am**  
**Secretary of State**

06-19-1999 90001 001 \*\*\*158.75

PROXJ CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # PQ1000013761  
 1. Corporation Name  
**PROXJO COMMUNICATIONS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
25 AUG 97

2. Principal Place of Business 2a. Mailing Address  
 21 7305 San Dario 26 Same  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 G 365 27  
 City & State City & State  
 23 LAREDO TX 28  
 Zip Country Zip Country  
 24 78045 25 USA 29 30

4. FEI Number 74-2908420  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 owes or has paid the current year intangible  
 Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent  
 81 Name GRANT CHOWLES  
 82 Street Address (P.O. Box Number is Not Acceptable)  
3161 SW 14th COURT # 102  
 83  
 84 City Pampano Beach FL 85 Zip Code 33069

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>M</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>GRANT CHOWLES</u>	1.2 NAME	
STREET ADDRESS	<u>7305 San Dario #G365</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>LAREDO TX 78045</u>	1.4 CITY-ST-ZIP	
TITLE	<u>D/T</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Thom Davis</u>	2.2 NAME	
STREET ADDRESS	<u>7305 San Dario #G365</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>LAREDO TX 78045</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(r), 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 no address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EG34 (10/97)