

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 410750 (4)
1. Corporation Name
FLEXINI INVESTMENTS, INC.



Principal Place of Business: **10 NW 2ND ST. MIAMI FL 33128**
Mailing Address: **10 NW 2ND ST. MIAMI FL 33128**

3. Date Incorporated or Qualified: **10/13/1972**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-1508107**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORFINKEL, NESTOR B., ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SAPOZNIK, LAZARO | |
| STREET ADDRESS | 10 NW 2ND STREET | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GORFINKEL, LEON | |
| STREET ADDRESS | 10 NW 2ND STREET | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | SAPOZNIK, JOSE | |
| STREET ADDRESS | 10 NW 2ND STREET | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GORFINKEL, JULUS | |
| STREET ADDRESS | 10 NW 2ND STREET | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SAPOZNIK, CLARA | |
| STREET ADDRESS | 10 NW 2ND STREET | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

800001752108
-03/21/96--01022--026
*****200.00**

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)(f), Florida Statutes. I do hereby 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ V. Proedest 2/19/96 (305) 371-3309
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)

Handwritten initials and date: P... 3/20/96