SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:18

DOCUMENT # **K95939** **(0)**

1. Corporation Name

TXL RACK SYSTEMS, INC.

Principal Place of Business	Mailing Address
10100 NW 116TH WAY 12 MEDLEY FL 33178	10100 NW 116TH WAY 12 MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1989
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21: 9006 NW 106 STREET
22: Suite, Apt. #, etc.
23: MEDLEY, FL
24: Zip 33178 — 25: Country

2a. Mailing Address
26: 9006 NW 106 STREET
27: Suite, Apt. #, etc.
28: MEDLEY, FL
29: Zip 33178 — 30: Country

4. FEI Number: 65-0154402 ☐ 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

SHERE, BARRY J.
10100 NW 116TH WAY
MEDLEY FL 33178

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 9006 NW 106 STREET
93
94 City: MEDLEY FL 95 Zip Code: 33178

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, typed 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	VD	11 TITLE	☐ Change ☐ Addition	
NAME	PEREZ GILL, JOSE J.	12 NAME		
STREET ADDRESS	7710 NW 72ND AVENUE	13 STREET ADDRESS	9006 NW 106 STREET	
CITY-ST-ZIP	MEDLEY FL	14 CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	DP	21 TITLE	☐ Change ☐ Addition	
NAME	MALDONADO, FELIPE	22 NAME		
STREET ADDRESS	10100 NW 116TH WAY #12	23 STREET ADDRESS	9006 NW 106 STREET	
CITY-ST-ZIP	MEDLEY FL	24 CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	VD	31 TITLE	☐ Change ☐ Addition	
NAME	SHERE, BARRY J	32 NAME		
STREET ADDRESS	10100 NW 116TH WAY #12	33 STREET ADDRESS	9006 NW 106 STREET	
CITY-ST-ZIP	MEDLEY FL	34 CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: Barry J. Shere — BARRY J. SHERE, V.P. — 7/31/95 — 305 884 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062301 CP