

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:49

DOCUMENT # M04850 (7)

1. Corporation Name
EXEX, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131	444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/04/1984	3a. Date of Last Report 05/01/1994
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4. FEI Number 59-2442340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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2. Principal Place of Business	2a. Mailing Address
21 1602 Alton Road Suite, Apt. #, etc. 22 Suite # 100 City & State	26 1602 Alton Road Suite, Apt. #, etc. 27 Suite # 100 City & State
23 Miami Beach, FL Zip Country	28 Miami Beach, FL Zip Country
24 33139 25 U.S.A.	29 33139 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IBC FIDUCIARY INC. 100 S E SECOND STREET 2315-A MIAMI FL 33131	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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	NAME GRANGER, L	1. TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVE #51-246	CITY-ST-ZIP MIAMI-FL	2. NAME L. GRANGER	
		3. STREET ADDRESS 1602 Alton Road - Suite 100	
		4. CITY-ST-ZIP Miami Beach, FL 33139	
TITLE S	NAME CARBAYO, E.	21. TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVE #51-246	CITY-ST-ZIP MIAMI FL	22. NAME E. CARBAYO	
		23. STREET ADDRESS 444 Brickell Ave.	# 51-246
		24. CITY-ST-ZIP Miami, FL 33131	
TITLE AS	NAME JENKINS, J.	31. TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVE #51-246	CITY-ST-ZIP MIAMI FL	32. NAME J. HENLEY	
		33. STREET ADDRESS 444 Brickell Ave.	# 51-246
		34. CITY-ST-ZIP Miami, FL 33131	
TITLE DR	NAME ERBSTEIN, C	41. TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVE #51-246	CITY-ST-ZIP MIAMI FL	42. NAME L. SMEJDA	
		43. STREET ADDRESS 444 Brickell Ave.	# 51-246
		44. CITY-ST-ZIP Miami, FL 33131	
TITLE	NAME	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52. NAME	
CITY-ST-ZIP		53. STREET ADDRESS	
		54. CITY-ST-ZIP	
TITLE	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY-ST-ZIP		63. STREET ADDRESS	
		64. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption related to Section 110.07(3)(b), 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 this 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: *J. Henley*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
J. Henley, Secretary

Jan. 30, 1995 305-358-4441