

**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 # M04850 (7)**  
1. Corporation Name  
**EXEX, INC.**



Principal Place of Business  
**1602 ALTON ROAD  
SUITE 100  
MIAMI BEACH FL 33139  
US**

Mailing Address  
**1602 ALTON ROAD  
SUITE 100  
MIAMI BEACH FL 33139  
US**

3. Date incorporated or Qualified **09/04/1984** 3a. Date of Last Report **02/10/1995**  
4. FEI Number **59-2442340** 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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**IBC FIDUCIARY INC.  
100 S E SECOND STREET  
2315-A  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
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 607.1504, 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 (print or print name of registered agent and the date) (Print) Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANGER, L.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CARBAYO, E.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENLEY, J.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMEJDA, L.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PANGLE, L.	
13 STREET ADDRESS	1602 Alton Road	
14 CITY-STATE-ZIP	Miami Beach, FL 33139	
21 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CARBAYO, E.	
23 STREET ADDRESS	444 Brickell Ave	
24 CITY-STATE-ZIP	Miami FL #51-246 33131	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HENLEY, J.	
33 STREET ADDRESS	444 Brickell Ave	
34 CITY-STATE-ZIP	Miami FL #51-246 33131	
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SMEJDA, L.	
43 STREET ADDRESS	444 Brickell Ave	
44 CITY-STATE-ZIP	Miami FL #51-246 33131	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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)(k), 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: *J. Henley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**J. Henley**

CR2E034 (12/95)