

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra D. Mortzahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000037374 (4)

1. Corporation Name
A-PLEX CORP.

Principal Place of Business	Mailing Address
4671 E 11TH AVE HALEAH FL 33013 US	4671 E 11TH AVE HALEAH FL 33013 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21 930 FALLING WATER ROAD	26	05/24/1993	05/01/1994
22 WESTON	27	4. FFI Number	Applied For
23 FT. LAUDERDALE, FL	28	65-0414009	<input type="checkbox"/> Not Applicable
24 33326	29	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 USA	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADARVE, EDDYE 18344 N.W. 68TH AVE. SUITE 21C MIAMI FL 33015-3434		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 930 FALLING WATER ROAD 83 WESTON 84 City FT. LAUDERDALE, FL 85 Zip Code 33326	

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D ADARVE, EDDYE	12.2 STREET ADDRESS 18344 N.W. 68TH AVE. SUITE 21C MIAMI FL 33015-3434	13.1 TITLE P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME	12.4 STREET ADDRESS	13.2 NAME ADARVE, EDDYE	
12.5 NAME	12.6 STREET ADDRESS	13.3 STREET ADDRESS 930 FALLING WATER ROAD - WESTON FT. LAUDERDALE, FL 33326	
12.7 NAME	12.8 STREET ADDRESS	13.4 CITY, ST, ZIP	
12.9 NAME	12.10 STREET ADDRESS	13.5 CITY, ST, ZIP	
12.11 NAME	12.12 STREET ADDRESS	13.6 CITY, ST, ZIP	
12.13 NAME	12.14 STREET ADDRESS	13.7 CITY, ST, ZIP	
12.15 NAME	12.16 STREET ADDRESS	13.8 CITY, ST, ZIP	
12.17 NAME	12.18 STREET ADDRESS	13.9 CITY, ST, ZIP	
12.19 NAME	12.20 STREET ADDRESS	13.10 CITY, ST, ZIP	
12.21 NAME	12.22 STREET ADDRESS	13.11 CITY, ST, ZIP	
12.23 NAME	12.24 STREET ADDRESS	13.12 CITY, ST, ZIP	
12.25 NAME	12.26 STREET ADDRESS	13.13 CITY, ST, ZIP	
12.27 NAME	12.28 STREET ADDRESS	13.14 CITY, ST, ZIP	
12.29 NAME	12.30 STREET ADDRESS	13.15 CITY, ST, ZIP	
12.31 NAME	12.32 STREET ADDRESS	13.16 CITY, ST, ZIP	
12.33 NAME	12.34 STREET ADDRESS	13.17 CITY, ST, ZIP	
12.35 NAME	12.36 STREET ADDRESS	13.18 CITY, ST, ZIP	
12.37 NAME	12.38 STREET ADDRESS	13.19 CITY, ST, ZIP	
12.39 NAME	12.40 STREET ADDRESS	13.20 CITY, ST, ZIP	
12.41 NAME	12.42 STREET ADDRESS	13.21 CITY, ST, ZIP	
12.43 NAME	12.44 STREET ADDRESS	13.22 CITY, ST, ZIP	
12.45 NAME	12.46 STREET ADDRESS	13.23 CITY, ST, ZIP	
12.47 NAME	12.48 STREET ADDRESS	13.24 CITY, ST, ZIP	
12.49 NAME	12.50 STREET ADDRESS	13.25 CITY, ST, ZIP	
12.51 NAME	12.52 STREET ADDRESS	13.26 CITY, ST, ZIP	
12.53 NAME	12.54 STREET ADDRESS	13.27 CITY, ST, ZIP	
12.55 NAME	12.56 STREET ADDRESS	13.28 CITY, ST, ZIP	
12.57 NAME	12.58 STREET ADDRESS	13.29 CITY, ST, ZIP	
12.59 NAME	12.60 STREET ADDRESS	13.30 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 143.07(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 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 of this document, or on an attachment with an address.

SIGNATURE: *Eddy Adarve* **EDDYE ADARVE 425-95**