

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

23 MAY -1 PM 8:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000056726 (1)

1. Corporation Name

P.E.X. COMMERCIAL INC.

Principal Place of Business

**10963 SW 72ND TER
MIAMI FL 33173**

Mailing Address

**10963 SW 72ND TER
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

Country

25

Zip

29

Country

30

4. FEI Number

65-0430655

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

**PEREZ, XENIA E
10983 SW 72ND TER
MIAMI FL 33173**

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 607.1508, 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

Signature of current registered agent, if registered agent has been changed

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**DP
PEREZ, XENIA E
10983 SW 72ND TER
MIAMI FL 33173**

13.

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.8

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.9

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

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 119.027(1)(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, that the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as being past, or an appointment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

(201) 716/9123