

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086751 (3)**

1. Corporation Name
INVEX INVESTIGATIONS, INC.

Principal Place of Business: **6906 ORKNEY AVE N ST PETERSBURG FL 33709**
Mailing Address: **6906 ORKNEY AVE N ST PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification: **12/15/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3222474**
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**
2a. Mailing Address: **26**
Suite, Apt #, etc: **22**
City & State: **23**
City & State: **27**
City & State: **28**
ZIP: **24** Locality: **25** ZIP: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CARDENAS, RALPH
7137 N ARMENIA AVE
TAMPA FL 33604**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: *Ralph Cardenas* 4-26-95

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	ALOI, RUSSELL S
3. STREET ADDRESS	6936 ORKNEY AVE N
4. CITY, ST, ZIP	ST PETERSBURG FL 33709
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, 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 199.0302, Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation and I am authorized to execute this report as required by Chapter 400, Florida Statutes, and that my name appears in Block 1, of Block 1.1 of this report, or in an attachment thereto.

SIGNATURE: *Russell S Alo* 4-29-95 *President* 8135447132