

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Sewell
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

APR 25 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CONEX INC.

DOCUMENT #
553512
1995 APR 25 (5)

Mailing Address
**11000 NW 62ND AVE.
HIALEAH FL 33012**

Principal Place of Business
**11000 NW 62ND AVE.
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		09/20/1977	04/09/1993
22		27		4. FEI Number	Applied For
23		28		59-1818336	Not Applicable
24		25		5. Certificate of Status Desired	
29		30		\$8.75 Additional Fee Required <input type="checkbox"/>	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
33		34		7. Nonprofit Exempt from \$198.75 Supplemental Fee <input type="checkbox"/>	
35		36		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORREIA, ISMELIA MARY
11030 NW 62ND AVE
HIALEAH FL 33012**

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 617.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P/D COBO, ARMANDO 221 E 38TH ST HIALEAH, FL 00000	13.1 TITLE	
12.2 NAME	V FARAH, ROSEMARY 14450 GLENCAIRN RD. MIAMI LAKES FL	13.2 NAME	
12.3 NAME	S/T/D CORREIA, ISMELIA 11030 N W 62 AVE HIALEAH, FL 00000	13.3 STREET ADDRESS	
12.4 NAME		13.4 CITY - ST - ZIP	
12.5 NAME		13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 NAME		13.7 STREET ADDRESS	
12.8 NAME		13.8 CITY - ST - ZIP	
12.9 NAME		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 NAME		13.11 STREET ADDRESS	
12.12 NAME		13.12 CITY - ST - ZIP	
12.13 NAME		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 NAME		13.15 STREET ADDRESS	
12.16 NAME		13.16 CITY - ST - ZIP	
12.17 NAME		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 NAME		13.19 STREET ADDRESS	
12.20 NAME		13.20 CITY - ST - ZIP	

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*****200.00 *****200.00**

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *DeWay Bowen*

4/17/95

(305) 557-6051