

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -4 AM 10:18

DOCUMENT # K95939

(0)

1. Corporation Name

TXL RACK SYSTEMS, INC.

Principal Place of Business

Mailing Address

10100 NW 116TH WAY 12
MEDLEY FL 33178

10100 NW 116TH WAY 12
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 9006 NW 106 STREET

26 9006 NW 106 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 HALL, FL

27 City & State
28 MEDLEY, FL

24 Zip 33178

29 Zip 33178

3. Date Incorporated or Qualified

06/16/1989

3a. Date of Last Report

04/12/1994

4. FBI Number

65-0154402

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

7. This corporation has liability for intangible tax under s. 109.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERE, BARRY J.
10100 NW 116TH WAY
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9006 NW 106 STREET

83

84 City

HALL

FL

85 Zip Code 33178

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 typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME PEREZ GILL, JOSE J.
STREET ADDRESS 7710 NW 72ND AVENUE
CITY - ST - ZIP MEDLEY FL

TITLE DP
NAME MALDONADO, FELIPE
STREET ADDRESS 10100 NW 116TH WAY #12
CITY - ST - ZIP MEDLEY FL

TITLE VD
NAME SHERE, BARRY J.
STREET ADDRESS 10100 NW 116TH WAY #12
CITY - ST - ZIP MEDLEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

9006 NW 106 STREET
HALL FL 33178

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

9006 NW 106 STREET
HALL FL 33178

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

9006 NW 106 STREET
HALL FL 33178

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Barry J. Shere, U.P.

7/31/95

3x5 884 9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone