FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006883

1. Corporation Name

FILED Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90007 026 ***150.00

HEX INV	ESTMENTS, INC.			i i	
		14 UP A 11			
·	e of Business	Mailing Address			
10691 N. KEND Suite 310	DALL DRIVE	10691 N. KENDALL DRIVE SUITE 310			
MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualifed	
				01/23/1997	
2. Principal P	Place of Business	2a. Mailing Address	06/2	4. FEI Number Applie	d For
	Sw. 8 Spred	26 8500 5.00.	.85 H119		pplicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired Fee Requi	
City & State	238	27 FE 230			
23 N Sar	MI FLORIPH	28 Mani, F	-LORIDA	6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F	•
Zip O 2 Di	Country		Country	8. This corporation owes the current year Intangible	N/a
24 33/4	9 25 1/. 5 -		10 0-5-	Toronal Tropolty Tox	No
	9. Name and Address of Current	registered Agent	81 Name	10. Name and Address of New Registered Agent	
MACHADO, JOSE LUIS				se Lois Muchado,	
10691 N. KENDALL DRIVE			82 Street Addr	ress (P.O. Box Number is Not acceptable)	
SUITE 310			83 1	15.W. O JACE.	
MIAMI FL 33176			5×	<u> 238</u>	
			84 City //	FL 85 Zip.Cod	e2/2
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s, the above-named corp		istered
office or i	registered agent, or both, in the State of	Florida. Such change was aut	horized by the corporation	oration submits this statement for the purpose of changing its reg on's board of directors. I hereby accept the appointment as regist	ered
	an familiar with, and accept the youngation	ons or, section, 607.0303, 1 lone	aa Statutes.	4/1,195	
SIGNATURE	Signature, typed or pysted name of registered agent	and little if applicable. (NOTE: R	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE ·	PD	[] DELETE	1.1 TITLE	Change [Addition
NAME	HERRAN, EMILIANO E	_	1.2 NAME		
STREET ADDRESS)	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	ma.	
TITLE	SD	DELETE	2.1 TITLE	Change [☐ Addition
NAME	CAINZOS, ROGELIO	_	2.2 NAME		
STREET ADDRESS		} - =	-2.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL 33176	□ DELETE	2.4 CITY-ST-ZIP	☐ Change	Addition
TITLE	VD CORREA IODOE	☐ NECE IE	3.1 TITLE		
NAME	CORREA, JORGE	1	3.2 NAME		
STREET ADDRESS		,	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33176 TD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change	Addition
NAME	MACHADO, JOSE		4.1 111.LE 4. 2 NAME	_ violige	tampi
STREET ADDRESS	40004 N. (4TAID ALL DOUG)	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	•	4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	. Change	Addition
NAME	LASARTE, FELIX	•	5.2 NAME	•	
STREET ADDRESS)	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	•	5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME	GOMEZ, DAISY T		6.2 NAME		
STREET ADDRESS	ACCOUNT NEWSTANDARD BOOKS NOW)	6.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI FL 33176		6.4 CITY-ST-ZIP	· ·	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: