

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006883

Entity Name: HEX INVESTMENTS, INC.**Current Principal Place of Business:**8500 SW 8 STREET
STE 238
MIAMI, FL 33144**Current Mailing Address:**8500 SW 8 STREET
STE 238
MIAMI, FL 33144**FEI Number:** 65-0721293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACHADO, JOSE LUIS
8500 SW 8 STREET
STE 238
MIAMI, FL 33144 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PD
Name HERRAN, EMILIANO E
Address 8500 SW 8 STREET SUITE 238
City-State-Zip: MIAMI FL 33144

Title SD
Name CAINZOS, ROGELIO
Address 8500 SW 8 STREET SUITE 238
City-State-Zip: MIAMI FL 33144

Title VPD
Name CORREA, JORGE
Address 8500 SW 8 STREET SUITE 238
City-State-Zip: MIAMI FL 33144

Title TD
Name MACHADO, JOSE L
Address 8500 SW 8 STREET SUITE 238
City-State-Zip: MIAMI FL 33144

Title D
Name LASARTE, FELIX
Address 8500 SW 8 STREET SUITE 238
City-State-Zip: MIAMI FL 33144

Title D
Name GOMEZ, DAISY T
Address 8500 SW 8 STREET SUITE 238
City-State-Zip: MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE L. MACHADO**DIRECTOR****04/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date