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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # 542628

(3)

APEX INTERNATIONAL, INC.

FILED
Jan 16 1997 8:00am
Secretary of State

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Principal Place of Business 5200 BLUE LAGOON DR 600		Mailing Address	;			t thus in drift and in times eines semes enter		*1011 41811 ():31: IUV:
		5200 BLUE LAGO	5200 BLUE LAGOON 600						
MIAMI FL 33126	6	MIAMI FL 33126-7	002				T = .		
US		US				 Date Incorporated or Qualified 08/09/1977 	3a. Date 01/23,		eport
2. Principai P	lace of Business	2a. Mailing Add	ess			4. FEI Number		Ar	oplied For
21		26				59-1794198		No	ot Applicable
Suite Apt. # etc Suite		Suite, Apt #	te, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 /	Additional
22		27				B. Certificate of Status Desired		Fee Re	equired:
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution	Added to Fees		
Zφ	Country	Zip		Country		8. This corporation has liability for it	ntangible ta:	k under s	. 199.032,
24	25	29	3	0			Yes 🗌		
	Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	gistered Ag	ent	
LED	er, nathan 1.			81	Name				
5200	BLUE LAGOON			82	Street Add	Iress (P.O. Box Number is Not Acceptab	lo\		
S600				02	Olicet Add	iness () :O: Box 14th her is 140t Acceptab	107		
i .	MI FL 33126	•		83					
1710 21	NI 1 E 00 1E0								
				84	City		FL	85 Zip (Code
44 O recorded	to the proviouse of Sections 607.6	1600 con 607 1600 Elad	da Ctatutar	the above	nomod cor	poration submits this statement for the p		anging it	te registered
office or r	egistered agent, or both, in the St	ate of Florida, Such char	ige was aut	thorized by	the corpora	tion's board of directors. Thereby accep			
agent. La	m familiar with, and accept the ob	sigations of, Section 607	0505, Flore	da Statutes	3 .				1
SIGNATURE						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Signal to typolog provides a consegration:	AND DIRECTORS	(NOTE: F	13,	int signature redu	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DECTOR	OC INI 12
12.	PD	.,.,,	ELETE	1 1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
	LEDER, NATHAN I		LLLIL				L) Ondrige	LLI Addition
NAME:		600		1.2 NAME					
STREET ADDRESS	5200 BLUE LAGOON DR, S	000		1.3 STREET	ADORESS				
C-TY - ST - ZIP	MIAMI, FL 00000			1.4 CITY - S	T-ZIP			1-2	
TOTLE			ELETE	21 TITLE			L	Change	L Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CHY+ST-ZIP				2. 4 CITY-5	ST-ZIP				
TITLE			ELETE	3.1 TiTLE				Change	Addition
NAMÉ				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CHY-S™-7IP				3.4 CITY-5	ST - ZIP				
TITLE		D	E L.E.T.E	4.1 TIFLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CHLY - ST - ZIP				4.4 CITY - S					
TALE			ELETE	5 TITLE				Change	Addition
NAME				5.2 NAME				-	
STREET ADORESS				5.3 STREET	AODBESS				
				54 CITY-S					
CHY-S1-2# Tille		Пг	ELETE	61 TITLE	11 · ZI*			Change	Addition
		L 1/	v s.s. 1 p				L	, onlinge	
NAME				6.2 NAME		•			
STREET APORESS				6.3 STREET					1
CHTY-ST-ZIF				6 4 CITY - S	T-ZIP	d = 0 = 8 = 440 07/0V > Fig. 25 = 0	. 17 35		al

14. I do 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 and cated on this amount 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 op an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF

ING OFFICER OR DIRECTO

(NATHIMELFOFR) 1/9/

305-267-9200

Daytme Phone #

R2E034 (9/96)