

**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 09/20/1977	3a. Date of Last Report 04/09/1993
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1818336	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23	Zip	28	Zip	7. Nonprofit Exempt from \$198.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

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 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 NAME	P/D COBO, ARMANDO 221 E 38TH ST HIALEAH, FL 00000	11 TITLE	
12 STREET ADDRESS		12 NAME	
12 CITY - ST - ZIP		13 STREET ADDRESS	
12 TITLE	V	14 CITY - ST - ZIP	
12 NAME	FARAH, ROSEMARY 14450 GLENCAIRN RD. MIAMI LAKES FL	21 TITLE	
12 STREET ADDRESS		22 NAME	
12 CITY - ST - ZIP		23 STREET ADDRESS	
12 TITLE	S/T/D	24 CITY - ST - ZIP	
12 NAME	CORREIA, ISMELIA 11030 N W 62 AVE HIALEAH, FL 00000	31 TITLE	
12 STREET ADDRESS		32 NAME	
12 CITY - ST - ZIP		33 STREET ADDRESS	
12 TITLE		34 CITY - ST - ZIP	
12 NAME		41 TITLE	
12 STREET ADDRESS		42 NAME	
12 CITY - ST - ZIP		43 STREET ADDRESS	
12 TITLE		44 CITY - ST - ZIP	
12 NAME		51 TITLE	
12 STREET ADDRESS		52 NAME	
12 CITY - ST - ZIP		53 STREET ADDRESS	
12 TITLE		54 CITY - ST - ZIP	
12 NAME		61 TITLE	
12 STREET ADDRESS		62 NAME	
12 CITY - ST - ZIP		63 STREET ADDRESS	
12 TITLE		64 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