

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 17 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 663947

(0)

1. Corporation Name

Lex, Inc.

Principal Place of Business

Mailing Address

**7155 NW 77th Terr.
Medley, FL 33166**

**7615 SW 22nd St
Miami, FL 33155-1415**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1980		3a. Date of Last Report 01/31/1994	
21		26		4. FEI Number 59-2082165		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip		Country		29		30	
24		25					

9. Name and Address of Current Registered Agent

**Oquendo, Antonio M.
7615 SW 22nd St
Miami, FL**

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 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 dated signature)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	☐ Change ☐ Addition
NAME	Oquendo, Antonio M.	12. NAME	
STREET ADDRESS	7615 SW 22nd St	13. STREET ADDRESS	300001410513
CITY- ST- ZIP	Miami FL	14. CITY- ST- ZIP	-02/20/95--01062--016
TITLE	SD	21. TITLE	****200.00 ☐ Change ☐ Addition
NAME	Oquendo, Maria	22. NAME	
STREET ADDRESS	7615 SW 22nd St	23. STREET ADDRESS	
CITY- ST- ZIP	Miami, FL	24. CITY- ST- ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

Date

(305) 888-7375

Telephone Number