

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **694109**

(0)

1. Corporation Name

MICONEX CORPORATION

Principal Place of Business

**9500 NW 77TH AVE UNIT 8
HALEAH GARDENS FL 33016**

Mailing Address

**9500 NW 77TH AVE UNIT 8
HALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1981

3a. Date of Last Report

03/03/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2118736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORELL, ABILIO M.
18041 NW 78 AVE --
MIAMI FL 33016 ---**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

2550 W 67th Place #23

83.

Hialeah, FL 33016

84. City

Hialeah

FL

85. Zip Code

33016

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD --
NAME	MORELL, ABILIO M --
STREET ADDRESS	18041 NW 78 AVE --
CITY- ST- ZIP	MIAMI FL --
TITLE	SD --
NAME	MORELL, ALINA --
STREET ADDRESS	18041 NW 78 AVE --
CITY- ST- ZIP	MIAMI FL --
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	PDST	☒ Change ☐ Addition
1.2 NAME	MORELL, ABILIO M.	
1.3 STREET ADDRESS	2550 W 67th Place #23	
1.4 CITY- ST- ZIP	Hialeah, FL 33016	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(b), 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 person or persons 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 my address.

SIGNATURE:

Abilio M. Morell

4/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Print Name)