

**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 20 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G63823 (0)**  
1. Corporation Name  
**TEXCEL, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **4800 RIVIERA DR CORAL GABLES, FL 33146**  
Mailing Address: **% HUMBOLDT INC PO BOX 14-1832 CORAL GABLES FL 33114-1832 US**

3. Date Incorporated or Qualified: **09/30/1983**  
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business: **4800 RIVIERA DR.**  
2a. Mailing Address: **26**

4. FBI Number: **59-2553743**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **CORAL GABLES, FL**  
28. City & State: **28**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24. Zip: **33146**  
25. County: **DADE**  
29. Zip: **30**

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

9. Name and Address of Current Registered Agent:  
**MACHADO, EMILIA C.  
4800 RIVIERA DR  
CORAL GABLES FL 33146**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PS</b>
NAME	<b>MACHADO, EMILIA C.</b>
STREET ADDRESS	<b>4800 RIVIERA DR.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<b>VT</b>
NAME	<b>MACHADO, JULIO C.</b>
STREET ADDRESS	<b>4800 RIVIERA DR.</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 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 of this report, or on an attachment with an address.

SIGNATURE: *Emilia C. Machado* DATE: 4/17/95 (305) 666-0645  
EMILIA C. MACHADO, P.S. (Type) (Typed Name)