

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G69953**

(9)

1. Corporation Name

KONEX CORPORATION

Principal Place of Business

**3407-B, N.W. 72ND AVE.
P.O. BOX 3205
MIAMI FL 33122
US**

Mailing Address

**P.O. BOX 3205
P.O. BOX 3205
MIAMI FL 33152
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROJAS, ALFONSO
3407-B N.W. 72ND AVENUE
MIAMI FL 33122**

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 607.0602 and 607.1504, 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, Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this document

Signature of the person authorized to sign this document

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROJAS, ALFONSO
16360 S.W. 146TH CT.
MIAMI FL**

☐ OFFER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTINEZ, MELQUISEDEC
8005 LAKE DR., APT. 405
MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 this corporation, or the receiver or trustee, or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if omitted or otherwise absent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

10/25/1983

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2335485

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. 190.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (12/95)

4/26/96 305 5917720