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Jan 29 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H35459

(7)

1. Corporation Name

TEX INTERNATIONAL, INC.

Principal Place of Business

**% BERNARD LILES
7845 NW 148 ST.
MIAMI LAKES FL 33016**

Mailing Address

**% BERNARD LILES
7845 NW 148 ST.
MIAMI LAKES FL 33016-1554**



3. Date Incorporated or Qualified
12/26/1984

3a. Date of Last Report
05/09/1996

2. Principal Place of Business

21 **16505 N.W. 8TH AVE.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **16505 N.W. 8TH AVE.**

Suite, Apt. #, etc.

4. FEI Number

59-2543947

Applied For

Not Applicable

22

City & State
MIAMI, FLORIDA

Zip

33169

Country

USA

27

City & State
MIAMI, FLORIDA

Zip

33169

Country

USA

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

**LILES, BERNARD
11142 GREEN LAKE DR
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name

JOSE GLASER

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

16505 N.W. 8TH AVE.

83

84 City

MIAMI

FL

85 Zip Code

33169

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, 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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Jose Glaser

JOSE GLASER

(NOTE: Registered Agent Signature required when reinstating)

DATE **1/24/97**

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE
NAME **GLASER, JOSE**
STREET ADDRESS **7845 NW 148TH STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **D-** ☒ DELETE
NAME **GLASER, JOSE**
STREET ADDRESS **7845 NW 148TH STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVSTD** ☒ Change ☐ Addition
1.2 NAME **GLASER, JOSE**
1.3 STREET ADDRESS **16505 N.W. 8TH AVE.**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33169** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or in an attachment with an address.

SIGNATURE:

Jose Glaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GLASER

1/24/97

(305) 622-3828

DATE

Daytime Phone #

0123860

CR2E034 (9/96)