FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:49

DOCUMENT # **J32657** **(5)**

1. Corporation Name
CEXCO CORPORATION

Principal Place of Business	Mailing Address
3195 NORTHWEST 30TH STREET MIAMI FL 33142	3195 NORTHWEST 30TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1986	3a. Date of Last Report: 02/14/1994
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30
4. FEI Number: 59-2745370	☐ 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
MALE, MICHAEL H. 3250 MARY STREET SUITE 303 MIAMI FL 33133	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	VP/Asst.S/Asst.Treas.	☐ Change ☒ Addition
NAME	VIDAL, ULISES	12 NAME	Zepeda, Adolfo	
STREET ADDRESS	3195 NW 30TH ST.	13 STREET ADDRESS	3195 N. W. 30 St.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33142	
TITLE	VPS	21 TITLE	VP/Asst. Secty.	☐ Change ☒ Addition
NAME	CETINA, RAUL	22 NAME	Salvoch, Manuel	
STREET ADDRESS	3195 NW 30 ST	23 STREET ADDRESS	3195 N. W. 30 St.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33142	
TITLE	D	31 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	ESPELETA, ALFONSO	32 NAME	Whitaker, Ofelia	
STREET ADDRESS	3195 NW 30 ST	33 STREET ADDRESS	3195 N. W. 30 St.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33142	
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 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 if changed, or on an attachment with an address.

SIGNATURE: Ofelia Whitaker Ofelia Whitaker, Asst. Secty. 7/6/95 (305) 638-3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0152681 CP