

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J32657 (5)

CEXCO CORPORATION



Principal Place of Business

Mailing Address

3195 NORTHWEST 30TH STREET
MIAMI FL 33142

3195 NORTHWEST 30TH STREET
MIAMI FL 33142

Date Incorporated or Qualified
09/10/1986

Date of Last Report
07/17/1995

21 Principal Place of Business

26 Mailing Address

719 NW 105 Place

719 NW 105 Place

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI FL

32 City & State

MIAMI FL

24 Zip 33172

25 Country USA

29 Zip 33172

30 Country USA

4. FEI Number
59-2745370

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
To Pay Fund Contribution

\$5.00 May Be
Added to Fees

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

8. Name and Address of Current Registered Agent

9. 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

100001919831

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, who have accepted 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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	VPST	<input type="checkbox"/> DELETE
NAME	ZEPEDA, ADOLFO	
STREET ADDRESS	3195 NW 30TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SALVOCH, MANUEL	
STREET ADDRESS	3195 NW 30 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WHITAKER, OFELIA	
STREET ADDRESS	3195 NW 30 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	719 NW 105 Place
1.4 CITY - ST - ZIP	MIAMI FL 33172
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	719 NW 105 Place
2.4 CITY - ST - ZIP	MIAMI FL 33172
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	719 NW 105 Place
3.4 CITY - ST - ZIP	MIAMI FL 33172
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	ALFONSO Espeleta
4.4 CITY - ST - ZIP	719 NW 105 Place
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	President/Treasurer
5.3 STREET ADDRESS	Wilises Vidal
5.4 CITY - ST - ZIP	719 NW 105 Place
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP/Secretary
6.3 STREET ADDRESS	RAUL Cetina
6.4 CITY - ST - ZIP	719 NW 105 Place

I 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ofelia Whitaker

4/29/96

(305) 225-4887

5/9/96