FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 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 # **J96176** **(9)**

1. Corporation Name
MIFEX, INC.

Principal Place of Business
13455 NOEL RD.
STE. 1100
DALLAS TX 75240
US

Mailing Address
13455 NOE RD.
STE. 1100
DALLAS TX 75240-6830
US

3. Date Incorporated or Qualified: **10/05/1987**
3a. Date of Last Report: **04/17/1996**

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 Country — 25
Zip — 29 Country — 30

4. FEI Number: **75-2201809** ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	RODER, HEINZ	
STREET ADDRESS	BLEICHERWEG 33, P.O. BOX 33	
CITY-ST-ZIP	8027 ZURICH SW	
TITLE	PD	☐ DELETE
NAME	KAUFMANN, JOSEF A	
STREET ADDRESS	BLEICHERWEG 33, P.O. BOX 33	
CITY-ST-ZIP	8027 ZURICH SW	
TITLE	VST	☐ DELETE
NAME	PRIEST, PAT	
STREET ADDRESS	13455 NOEL RD., STE. 1100	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	☐ DELETE
NAME	MICHEL, HERBERT	
STREET ADDRESS	BLEICHERWEG 33, P.O. BOX 33	
CITY-ST-ZIP	8027 ZURICH SW	
TITLE	VAS	☐ DELETE
NAME	PFISTER, EDITH	
STREET ADDRESS	BLEICHERWEG, P.O. BOX 33	
CITY-ST-ZIP	8027 ZURICH SW	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with any address.

SIGNATURE: Pat Priest