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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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/05/1987

3a. Date of Last Report
04/17/1996

4. FLI 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

10. Name and Address of New Registered Agent

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VO** ☐ 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

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 person 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

[Handwritten signatures and notes]

CR2E034 (9/96)