

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

APPROVED
AND
FILED

95 MAR -3 PH 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61943** (2)

1. Corporation Name
SEVEX, INC.

Principal Place of Business Mailing Address
9745 S.W. 128TH STREET MIAMI FL 33176 **9745 S.W. 128TH STREET MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/30/1989** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **65-0097323** 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
**POLO, MARGARITA H.
9745 S.W. 128TH STREET
MIAMI FL 33176**

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	POLO, MARGARITA H.
STREET ADDRESS	9745 S.W. 128TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	POLO, SARA N.
STREET ADDRESS	9745 S.W. 128TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	GONZALEZ, MARIA
STREET ADDRESS	9745 S.W. 128TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POLO, CARLOS A.
STREET ADDRESS	9745 S.W. 128TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GONZALEZ, MIGUEL A.
STREET ADDRESS	9745 S.W. 128TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POLO, ANDRES E.
STREET ADDRESS	9745 S.W. 128TH STREET
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. This hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as a director, or on an attachment with an address.

SIGNATURE: *Margarita H. Polo* FEB. 28 / 95 (305) 253-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year