

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K65442** (1)

1. Corporation Name  
**CONEX PROMOTIONS CORP.**



Principal Place of Business: **4970 SW 72ND AVE STE 108 MIAMI FL 33155 US**  
 Mailing Address: **4970 SW 72ND AVE STE 108 MIAMI FL 33155 US**

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

g. Name and Address of Current Registered Agent

**CONIL-REICHARD, FERNANDO  
4970 SW 72ND AVE  
STE 108  
MIAMI FL 33155**

3. Date Incorporated or Qualified: **02/14/1989**  
 3a. Date of Last Report: **04/25/1995**  
 4. FEI Number: **65-0117463** 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. 190.032, Florida Statutes:  Yes  No  
 10. Name and Address of New Registered Agent

81 Name  
 82 Street Address P.O. Box Number is Not Acceptable  
 83  
 84 City 85 Zip Code **FL**

11. For and to the purpose of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office to the above agent or firm in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01 and 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS  
 NAME: **PT CONIL, FERNANDO REICH** [ ] DELETE  
 STREET ADDRESS: **4940 S.W. 95TH COURT MIAMI FL**  
 CITY & STATE: **VPS** [ ] DELETE  
 NAME: **TAVERNA, ALBERTO**  
 STREET ADDRESS: **10060 N.W. 6TH AVENUE MIAMI FL**  
 CITY & STATE: [ ] DELETE  
 NAME: [ ] DELETE  
 STREET ADDRESS: [ ] DELETE  
 CITY & STATE: [ ] DELETE  
 NAME: [ ] DELETE  
 STREET ADDRESS: [ ] DELETE  
 CITY & STATE: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1 NAME: [ ] Change [ ] Addition  
 1 STREET ADDRESS: [ ] Change [ ] Addition  
 14 CITY & STATE: [ ] Change [ ] Addition  
 2 NAME: [ ] Change [ ] Addition  
 2 STREET ADDRESS: [ ] Change [ ] Addition  
 24 CITY & STATE: [ ] Change [ ] Addition  
 3 NAME: [ ] Change [ ] Addition  
 3 STREET ADDRESS: [ ] Change [ ] Addition  
 34 CITY & STATE: [ ] Change [ ] Addition  
 4 NAME: [ ] Change [ ] Addition  
 4 STREET ADDRESS: [ ] Change [ ] Addition  
 44 CITY & STATE: [ ] Change [ ] Addition  
 5 NAME: [ ] Change [ ] Addition  
 5 STREET ADDRESS: [ ] Change [ ] Addition  
 54 CITY & STATE: [ ] Change [ ] Addition

14. I do hereby certify that the information supplied by the above named corporation is true and correct, and that I am qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information made available to the public in this report is true and correct, and that my signature shall have the same legal effect as if made under oath. If an officer or director of the corporation or the person or persons responsible to the Secretary of State for the report as required by Chapter 607, Florida Statutes, and that my name appears in this report or back of it, I am not liable for the information shown.

SIGNATURE: **FERNANDO CONIL-REICHARD** 01/19/96 305/661-7650  
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)