

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K73642** (6)

1. Corporation Name
AUMEX, INC.

Principal Place of Business

**370 E MAIN ST
APOPKA FL 32703**

Mailing Address

**370 E MAIN ST
APOPKA FL 32703**



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

9. Name and Address of Current Registered Agent

**PATEL, PRABODH C., ESQ.
237 WESTMONTE DR
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified

03/17/1989

3a. Date of Last Report

03/07/1995

4. FEI Number

59-2943728

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

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 607.0601 and 607.1415, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida, which change was approved by the corporation's board of directors. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0601, Florida Statutes.

SIGNATURE

[Signature]

4/13/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DEFER
NAME **P**
PATEL, JAY M
STREET ADDRESS **370 E MAIN ST**
CITY-STATE-ZIP **APOPKA FL**

TITLE ☐ DEFER
NAME **S**
PATEL, DINESH M
STREET ADDRESS **370 E MAIN ST.**
CITY-STATE-ZIP **APOPKA FL**

TITLE ☐ DEFER
NAME **PRESIDENT**
MANU PATEL
STREET ADDRESS **370 E-MAIN ST**
CITY-STATE-ZIP **APOPKA FL 32703**

TITLE ☐ DEFER
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DEFER
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DEFER
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition
12. NAME **OFFICER - STOCKHOLDER**
13. STREET ADDRESS **PATEL, JAY M**
14. CITY-STATE-ZIP **370 E MAIN ST**
APOPKA FL - 32703

21. TITLE ☐ Change ☐ Addition
22. NAME **OFFICER - STOCKHOLDER**
23. STREET ADDRESS **DINESH PATEL**
24. CITY-STATE-ZIP **370 E MAIN ST**
APOPKA FL - 32703

31. TITLE ☐ Change ☒ Addition
32. NAME **PRESIDENT**
33. STREET ADDRESS **MANU PATEL**
34. CITY-STATE-ZIP **370 E MAIN ST**
APOPKA FL - 32703

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

14. I do 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)(a), 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 of this report as attached with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

CR2E034 (12/95)