

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K93341**

(1)

1. Corporation Name

MACROTEX CORP.

Principal Place of Business

Mailing Address

**% HECTOR J. MIR
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134**

**% HECTOR J. MIR
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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9. Name and Address of Current Registered Agent

**MIR, HECTOR J.
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

06/06/1989

3a. Date of Last Report

06/21/1995

4. FEI Number

65-0137662

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.0603, Florida Statutes, the above named corporate president, 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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of President, Secretary, Treasurer, or Director

Signature of Registered Agent

Print

12. OFFICERS AND DIRECTORS

12.1

TITLE

**DPS
MARTINS, ELPIDIO
2655 LE JEUNE RD 1107
CORAL GABLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

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CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

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33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

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I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13, changes of corporate information with an affidavit.

SIGNATURE:

ELPIDIO MARTINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREIDENT

03/27/96 (301) 4440460

CR2E034 (12/95)