

**CORPORATION
ANNUAL REPORT
1995**

Samuel B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L26839 (5)

1. Corporation Name

ITEX, INC.

800001463508
-04/24/95--01070--002
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/01/1989** 3a. Date of Last Report **06/17/1994**

4. FEI Number **65-0157270** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBERTO N.
9100 S. DADELAND BLVD.
SUITE 1410
MIAMI FL 33130

999 PONCE DE LEON BLVD
#1000
CORAL GABLES, FL. 33134

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME MALAVE, ADOLFO
STREET ADDRESS 1428 BRICKELL AVENUE, S-208
CITY-ST-ZIP MIAMI FL
TITLE PD
NAME MALAVE, ADOLFO
STREET ADDRESS 1428 BRICKELL AVENUE, S-208
CITY-ST-ZIP MIAMI FL
TITLE ~~LANDA, RAFAEL~~
NAME ~~LANDA, RAFAEL~~
STREET ADDRESS ~~1428 BRICKELL AVENUE, S-208~~
CITY-ST-ZIP ~~MIAMI FL~~
TITLE ~~LANDA, RAFAEL~~
NAME ~~LANDA, RAFAEL~~
STREET ADDRESS ~~1428 BRICKELL AVENUE, S-208~~
CITY-ST-ZIP ~~MIAMI FL~~
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

ADOLFO MALAVE
1428 BRICKELL AVE #208
MIAMI, FL. 33131

4/21/95

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 (305) 445-4668

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, Adolfo Malave, as **President for ITEX, INC.** have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 7th day of April, 1995.

Sealed and delivered in the presence of

Susan Williams
Magaly Rosa

[Signature]
By.

State of Florida
County of Dade

Be It Known, That on the 7th day of April, 1995, before me, Magaly Rosa
NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn,
dwelling in the City of Miami, County of Dade, personally came and appeared
Adolfo Malave as President of ITEX INC. to me personally known, and
known to me to be the same persons described in and who executed the within power of
attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal
of office the day and year last above written.

Magaly Rosa