FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L26839 (5)

1. Corporation Name

ITEX, INC.

Principal Place of Business	Mailing Address
1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US	1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US

2. Principal Place of Business (21) ______ Suite, Apt. #, etc. (22) ______ City & State (23) ______ Zip (24) ______ Country (25) ______

2a. Mailing Address (26) ______ Suite, Apt. #, etc. (27) ______ City & State (28) ______ Zip (29) ______ Country (30) ______

3. Date Incorporated or Qualified: 11/01/1989
3a. Date of Last Report: 04/21/1995
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

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N.
999 PONCE DE LEON BLVD.
~~SUITE 1000~~ PENTHOUSE, SUITE 1150
CORAL GABLES, FL 33134

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	☐ DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

200001870792
-06/21/96--01025--013
***200.00

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ALBERTO N. TRELLES, President — 4/30/96 (305) 445-4668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Day Phone #

CS 5/1/96

CR2E034 (12/95) 0133110 CP