FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90202 014 ***150.00

	\triangle	IN ACT NATE	ш.	
1 1	(H.J.		77	L26839
$\boldsymbol{\smile}$	\sim	A LAIR TAR	**	

1. Corporation Name

ITEX, INC	<u> </u>						
				1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 -			
	<u>.</u>				1		
Principal Place	of Business	Mailing Address			-		
110 MERRICK V	VAY	110 MERRICK WAY					
2 B CORAL GABLES	S. Fl. 33134	2 B Coral Gables FL 33134		DO NOT WRITE IN THIS SPACE			
US.	Ter work of	US		3. Date Incorporated or Qualifed	-		
1				11/01/1989			
	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number Applied For			
	MERRICK Way		TEATHER DI	12.1 √2 65-0157270 Not Applicable 1.2 Not Applica	ie		
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired S8.75 Additional Fee Required			
City & State	9 6 61	City & State	0,	6. Election Campaign Financing \$5.00 May Be	Ų		
23 Coral	Garler + L	28 Key Discayre	fl	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible			
24 331		29 33 1 9 30	<u> </u>	Personal Property Tax.	\dashv		
ļ	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	-		
TOFI	LES, ALBERTO N.			HOOLFO J. MAIANE]		
1	PONCE DE LEON		82 Street	Address (P.O. Box Number is Not Acceptable) 5 W. HEATHER DEIVE			
SUITE 200			83 313	5 W. HEATHER SKIVE	\dashv		
	AL GABLES, FL 33134				_		
			84 City	ey Biscayre FL 85 Zip Code 33149			
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	١		
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		BOLFO J. MALANE,	PRENT	04.13.99	- }		
	Signature, typed or printer name of registered agent OFFICERS AND		gistered Agent signature re	equired when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv		
12.	VD.	DELETE	1.1 TITLE	V D ☐ Change ☐ Additi			
TITLE NAME	MALAVE, ADOLFO		12 NAME	MALAGE ADOLFO	1		
STREET ADDRESS	1428 BRICKELL AVENUE, S-208		1.3 STREET ADDRESS	315 W. HEATHER DENE			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Key Biscayne FL 33149			
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addit	tion		
NAME	MALAVE, ADOLFO		2.2 NAME	IN A IC ADDIED			
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	;	2.3 STREET ADDRESS	1315 (a). HEATRER TO			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	KEY BIZCHINE FL JOINY			
TITLE	TS	☐ DELETE	3.1 TITLE	TS Change Addit	tion		
NAME	MALAVE, ADOLFO		3.2 NAME	MALANE ADOLFO 315 W. HEATHER DRIVE			
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	į	B	KEY BISCAYNE FL 33149	- 1		
CITY-ST-ZIP	MIAMI FL -		3.4, CITY-ST-ZIP	KEY BISCAYNE, FL 33149	tion		
TITLE		DELETE	4.1 TITLE		-		
NAME		***	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	· · ·	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	. Change Addit	tion		
TITLE	. :	المالي	5.2 NAME				
NAME STREET ADDRESS			5.3 STREET ADDRESS		,		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	The grades are the	DELETE	6.1 TITLE	☐ Change ☐ Addit	tion		
NAME	They have been a first the second		6.2 NAME				
1811-			6.3 STREET ADDRESS		l		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHE REQUIRED