

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DEPARTMENT OF CORPORATIONS

1996 13 96 B 2195 C

DOCUMENT # L92542 (4)

1. Corporation Name

REX IMPORTS, INC.

Principal Place of Business

1907 MORNING DRIVE
ORLANDO FL 32809

Mailing Address

7919 TUMBLE STONE DR.
ORLANDO FL 32819



3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

1907 MORNING DRIVE

4. FEI Number
59-3025002

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

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State

28. ORLANDO, FL

23. Zip

Country

29. 32809

Country

30. ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTT, MOHAMMAD S.
7919 TUMBLE STONE DR.
ORLANDO FL 32819

81. Name MOHAMMAD S. BUTT

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed if applicable

MOHAMMAD S. BUTT

3. 6-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE P
NAME BUTT, MOHAMMAD S.
STREET ADDRESS 7919 TUMBLE STONE DR.
CITY-STATE-ZIP ORLANDO FL 32819

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE S
NAME CHAUDHRY, NAZNEEN
STREET ADDRESS 7919 TUMBLE STONE DR.
CITY-STATE-ZIP ORLANDO FL 32819

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 as an attachment with an address.

SIGNATURE:

NAZNEEN CHAUDHRY

NAZNEEN CHAUDHRY

3. 6-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)