## 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** 

## DOCUMENT # M13907 1. Corporation Name

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90071 037 \*\*\*158.75

PEXCO,	INC.							
		Mailing Address			<del></del>		OLEN OLDNI BIL	) (1   1   1   1   1   1   1   1   1   1
Principal Place of Business Mailing Address								
7091 NW 51 ST 7091 NW 51 ST MIAMI FL 33166 MIAMI FL 33166						DO NOT WRITE IN THIS	SSPACE	
						3. Date Incorporated or Qualifed	3 3 7 7 0 2	
						04/11/1985		
2 Principal Dis	non of Business	2a. Mailing Address				4. FEI Number	<del></del> TT	Applied For
	- (OFO G ** 01 PERDAGE			TERRACE		59-2561016	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			TERROTOE				Additional
22 27						5. Certificate of Status Desired XX		Required
City & State	City & State City & State					6. Election Campaign Financing		May Be
23 MIAMI						Trust Fund Contribution		d to Fees
Zip	Country Zip			Country U.S.A.		8. This corporation owes the current year Ir	tangible	□No
24 33143		<del></del>	30 U	. 5 . £	1.	Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Kegistered Agent		81	Name	IV. Name and Address of New Registered	. Agoin	
MED	EROS, OSCAR			"  '	- HOLLING			
7091 NW 51 ST				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33166				83				
1711/ 117	N 1 E 60 160			63				
				84	City	FI	85 Z	ip Code
44 5		2 CO7 1509 Florida Statuto	s the s		amed com	aration cultimits this statement for the nurnose of	f changing	its registered
office or re	valetored agent or both in the State	of Florida, Such change was all	าทดทรด	יחו עם ח	e corporation	on's board of directors. I hereby accept the appoint	ointment as	registered
agent. I an	n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Stat	lutes.				
SIGNATURE	Signature, typed or printed name of registered ager	A STATE OF THE STA	Onnieteen			MEDEROS d when reinstating) DATE		
12.		ID DIRECTORS	13.		-grature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	DP	☐ DELETE	1.1 T				Chang	
NAME	MEDEROS, OSCAR		1.2 N	IAME				
STREET ADDRESS	7091 NW 51 ST		1.3 S	TREET AL	DORESS (	5850 S.W. 81 TERRACE		ļ
CITY-ST-ZIP			1.4 0	i		MIAMI, FLORIDA 33143		
TITLE		☐ DELETE	2.1 T				☐ Chang	ge 🗌 Addition
NAME			2.2 N	IAME				İ
STREET ADDRESS			2.3 \$	TREETAL	DORESS			
CITY-ST-ZIP			- 2.40	CITY-ST-	ZIP T	<u> </u>	-	
TITLE		☐ DELETE	3.1 T	TTLE			Chang	ge 🗌 Addition
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STREET ADDRESS			3.3 \$	TREET AL	DDRESS			1
CITY-ST-ZIP			3.4. (	CITY-ST-	ZIP			
TITLE		☐ DELETE	4.1 7	TILE			☐ Chan	ge 🗌 Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	TREET AL	DDRESS			
CITY-\$T-ZIP			4.4 0	ITY-ST-Z	ZIP			<u> </u>
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 ₹				☐ Chan	ge 🗀 Addition
NAME				AME				
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CITY-\$T-ZIP		. <u></u>		CITY-ST-2	ZIP			
TITLE		☐ DELETE		TILE			Chang	ge
NAME				IAME				
STREET ADORESS		L.	1	TREET A	į			
CITY-\$T-ZIP				CITY-ST-2				
14. I hereby c	ertify that the information supplied wi	ith this filing foes not qualify for	the exe	emption	n stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that th	e 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 of 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 a attaining the will an address, with all other like empowered.

SIGNATURE: \_

REQUISORAR J. MEDEROS (PRESIDENT) SIGNATURE AND OF SIGNING OFFICER OR DIRECTOR

03/08/99