

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 7:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M37163
1. Corporation Name

CALEX ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1428 S.W. 103d Avenue
Miami, Fla. 33174

1428 S.W. 103rd Avenue
Miami, Florida 33174

800001518068

-06/20/95--01104--020

*******600.00 *****200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1986

3a. Date of Last Report
06/23/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-2709673

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

81 Name

CARIDAD BEADE

82 Street Address (P.O. Box Number is Not Acceptable)

1428 S.W. 103rd Avenue

83

84 City

Miami

FL

85 Zip Code
33174

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

Caridad Beade

(Signature typed or printed name of registered agent and that of corporation)

(If 11) Registered Agent signature required when changing:

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

**D/P/S/T
BEADE, Caridad
1428 S.W. 103rd Avenue
Miami, Florida 33174**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 140.07(3)(b), 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 no name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Caridad Beade

(Signature typed or printed name of registered agent and that of corporation)

DATE

Signature of Secretary of State

RECEIVED BY MAY 1