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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:40

DOCUMENT # M55819 (0)

1. Corporation Name
VARTEX ENTERPRISES, INC.

Principal Place of Business
7957 N.W. 64TH ST.
MIAMI FL 33166
US

Mailing Address
7957 N.W. 64TH STREET
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1987
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 7961 N.W. 64 St
Suite Apt. # or
22
City & State
23 Miami, Fl
Zip
24 33166
Country
25 U.S.A.

2a. Mailing Address
26 7961 N.W. 64 St
Suite Apt. # or
27
City & State
28 Miami, Fl
Zip
29 33166
Country
30 U.S.A.

4. FEI Number: 65-0056546 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SERRANO, GABRIEL A.
10240 S W 130 AVENUE
MIAMI FL 33186

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 [illegible] of Section [illegible] and 607.0505, 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. The name and address of the registered agent and the street address of the registered office of this corporation shall be as stated above. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section [illegible] of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SERRANO, GABRIEL
STREET ADDRESS	10240 SW 130 AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	VARGAS, GLORIA
STREET ADDRESS	10240 SW 130 AVENUE
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS, CHANGES, OR DELETIONS TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as officer or director of the corporation named in this report or supplemental report in accordance with Chapter 607, Florida Statutes, and that my signature shall serve as my resignation as registered agent of the corporation named in this report or supplemental report in accordance with Chapter 607, Florida Statutes, and that my name appears above, or on any attached sheet, with my written consent as a registered agent or officer or director of the corporation named in this report or supplemental report.

SIGNATURE: [signature] 01-10-95 (305) 597-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0101784 CP