FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90728** **(0)**

1. Corporation Name

PARTEX INDUSTRIES, INC.

Principal Place of Business	Mailing Address
11700 NW 102 RD SUITE 16 MEDLEY FL 33140	11700 NW 102 RD SUITE 16 MEDLEY FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1988	3a. Date of Last Report: 02/08/1994
4. FEI Number: 65-0065065	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 10125 N.W. 116 WAY	26 10125 N.W. 116 WAY
Suite, Apt. #, etc. 22 SUITE 14	Suite, Apt. #, etc. 27 SUITE 14
City & State 23 MEDLEY FL 33178	City & State 28 MEDLEY, FL
Zip 24 33178	Country 25 USA
Zip 29 33178	Country 30 USA

9. Name and Address of Current Registered Agent

DAUGHTERY LISA R.
201 SOUTH BISCAYNE BLVD.
22ND FLOOR-MCDERMOTT,WILL & EMERY
MIAMI FL 33131

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 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 _____ DATE

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ZIGHELBOIM, JUAN CARLOS	12 NAME	
STREET ADDRESS	1245 N.E. 93 ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ZIGHELBOIM, BELLA	22 NAME	
STREET ADDRESS	1245 N.E. 93 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: JUAN CARLOS ZIGHELBOIM 2/21/95 (305) 889-0600

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

018448 CP