FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified 07/14/1988	3a. Date of Last Report 04/11/1995
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	

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: BELA ZIGHELBOIM

82 Street Address (P.O. Box Number is Not Acceptable): 10125 NW 116 WAY

83 SUITE 14

84 City: MEDLEY FL 85 Zip Code: 33178

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 X Bela Zighelboim 5-28-96
Signature, typed or printed name of registered agent, and the date. (NOTE: 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	D ZIGHELBOIM, JUAN CARLOS 1245 N.E. 93 ST. MIAMI SHORES FL 33138	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIGHELBOIM, BELLA 1245 N.E. 93 ST. MIAMI SHORES FL 33138	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ZIGHELBOIM, BELA 167 DOCKSIDE CIRCLE FT. LAUDERDALE, FL 33327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: X Bela Zighelboim 5-28-96 305-889-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #