AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

Amended

FILED
96 SEP 10 AM 9:58

DOCUMENT # P39578 (0)

1. Corporation Name

WESTEX INDUSTRIES INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
6043 NW 167 ST STE A 26 MIAMI FL 33015 US	6043 NW 167 ST STE A 26 MIAMI FL 33015 US

2. Principal Place of Business	2a. Mailing Address
21 9801 COLLINS AVE	26 9801 COLLINS AVE
Suite, Apt. #, etc. 22 12-I	Suite, Apt. #, etc. 27 12-I
City & State 23 BAL-HARBOUR, FL	City & State 28 BAL HARBOUR, FL
Zip 24 33154 Country 25	Zip 29 33154 Country 30

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 10/02/1995
4. FEI Number: 22-3183542 ☐ 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

GRIFFIS, JAMES D
6043 NW 167 STREET
A-26
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: DAN GOLAN
82 Street Address (P.O. Box Number is Not Acceptable): 9801 COLLINS AVE
83 APT 12-I
84 City: BAL-HARBOUR FL 85 Zip Code: 33154

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 9/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GOLAN, DAN 250 E. 87TH ST., NEW YORK NY	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCP GRIFFIS, JIM 1011 N.W. 93RD TERR. PLANTATION FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOLAN, DAN 250 E. 87TH ST. NEW YORK NY	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY OF STATE 09/23/96--01055--011 *****61.25 *****61.25
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

CLIENT'S COPY

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: CLIENT'S COPY 8/15/96
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022137 CR