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 #

1. Corporation Name

P93000018585 (8)

AEXA CORPORATION

							<u>-</u>			
Principal Place of Business Maining Address										
11300 NW 87TH COURT 11300 NW 87TH COURT #125 #125										
HALEAH GARDENS FL 33016			HIALEAH GARDENS FL 33016			3. Date Incorporated or Qualified 03/08/1993	3a. Da	ate of Last Report 01/30/1995		
2. Principal Place	e of Business	2a.	Mailing Address				4. FELNumber 65-0403558		Applied For Not Applicable	
Suite, Apt. #,	etc.	27	Suite Apt. #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζ ₍ ρ	Country 25	+	Zφ	Country 30	У			i 🔲 No		
	9. Name and Address of Curre		ered Agent		· · -		10. Name and Address of New I	Registere	ed Agent	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			81		Name				
BARRANCO, ELENA M ONE GROVE DR., #706					2	Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
COCONUT GROVE FL 33133					3					
				84	1	City FL 85 Zip Code med corporation submits this statement for the purpose of changing its registered office abouts board of directors. Thereby accept the appointment as registered agent. Lam				
0.01147.105	and accept the obligations of, So grand, hard or perfect as in other design. OFFICERS A	er auchter fa	gaine .	ਹਨ: ਪੈਂਗੀਏ ਸੰਕ੍ਰੀਤੇਯਦ⊺Ag 13.		signature buttera.	Tober के अंगे के ADDITIONS CHANGES TO OF	DATE	AND DIRECTORS IN 12	
TITLE	D		[]] DELETE	1.11310	F				Change D Addition	
NAM5	BARRANCO, CLARA D			1.2 NAMI						
STREET ADDRESS	ONE GROVE DR., #706	100			1.3 S/REET ADORESS 1.4 City St-7IP					
City-St 20	COCONUT GROVE FL 33	133	COLORLE IE	1 4 CITY 2 1 T Tu		· (IF			Change Addition	
TITLE	D		L.J Ditti	2 2 NAM		1				
STREET ADDRESS	ONE GROVE DR., #708					ADDRESS				
CITY - \$1 - ZIP	COCONUT GROVE FL 33	133	, ,- ,	2.4 CITY	- 31	I ZIP				
ĭĭĭ∟€			DELETE	3 1 (0)	F				Change Addition	
NAME				3.2 NAM						
STREET ADDRESS					-	AUDRESS				
CITY - ST - ZIP			ריין הניגונ	3.4.04Y 4.1.1:TL		1 - 719			Change Addition	
TITLE			DELETE	4 1 10 L		Ì			C Suprigo C Francis	
NAME						ADDRESS				
STREET ADDRESS				4 4 CHY						
CITY - ST - ZIP TITLE			DELETE	5 1 lif:		1 - 4 2!			Change Addition	
NAME				5.2 NAM						
STREET ADORESS						ADDRESS				
CITY-S1-ZIP				5 4 City						
THLE			☐ DELETE	6 1 TiTi					Change Addition	
NAME				6.2 NAM	g F	1				

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)(k). 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 trusted 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

6.3 STHEET ADDRESS

64 CHTY-ST ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 1 (184) (181) (181 (1818) (1814) (184) (184) (184) (184) (184) (184) (184) (184) (184) (184) (184) (184)

CR2E034 (12/95)