## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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STREET ADDRESS CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000050361 (3)

FLORIDA TERALEX CORP. Principal Place of Business Mailing Address 5620 SW 59 COURT 2000 S DIXIE HWY MIAMI FL 33143 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 US 3. Date Incorporated or Qualified <u>07/19/1993</u> 2a. Mailing Addres 2. Principal Place of Business 4. FEI Number Applied For de Lem Blud 65-0424295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARVESU, MANUEL M 190 SE 2ND ST O. Box Number is Not Acceptable STE-3700-MIAMI FL 33131 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 apopt the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PS 11 TITLE Change ☐ Addition NAME SVENSON, ALFRED 50. Point Drive, # 2603 5620 SW 59 COURT STREET ADDRESS 1.3 STREET ADDRESS (C) **MIAMI FL 33143** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-ZIP

14. I hereby certify that the information symplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report of supplemental admost 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 bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 73 if change 6, or on an attaching with an address.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - 7/P

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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Feb 23 1998 8:00am

Secretary of State