

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000063471 (5)

1. Corporation Name

H E X A COMMUNICATIONS INC.

Principal Place of Business

**14122 SW 142 AVE.
MIAMI FL 33186
US**

Mailing Address

**12201 S.W. 100TH ST.
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

05/24/1994

2. Principal Place of Business

21 11754 SW 88th St.

2a. Mailing Address

26 11754 SW 88th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0435079

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

**ZELAYA, PABLO
12201 S.W. 100TH ST.
MIAMI FL 33186**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ZELAYA, PABLO**
STREET ADDRESS **12201 S.W. 100TH ST.**
CITY - ST - ZIP **MIAMI FL 33186**

TITLE **D**
NAME **ALANIZ, DANILO**
STREET ADDRESS **8425 NW 8TH ST., #307**
CITY - ST - ZIP **MIAMI FL**

TITLE **D**
NAME **FERNANDEZ, CARLOS**
STREET ADDRESS **6030 S.W. 133TH PLACE**
CITY - ST - ZIP **MIAMI FL 33183**

TITLE **D**
NAME **CASTILLO, JOSE**
STREET ADDRESS **11370 SW 144TH PATH**
CITY - ST - ZIP **MIAMI FL**

TITLE **D**
NAME **ALANIZ, LUIS F**
STREET ADDRESS **8425 NW 8TH ST., #307**
CITY - ST - ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO ZELAYA

4/10/95

(305) 279-3582