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

FILED
May 28 1996 8:00 am
Secretary of State

DOCUMENT # **P93000063471 (5)**

1. Corporation Name

H E X A COMMUNICATIONS INC.

Principal Place of Business
11754 SW 88TH STREET
MIAMI FL 33186
US

Mailing Address
11754 SW 88TH STREET
MIAMI FL 33186
US

3. Date Incorporated or Qualified: **09/07/1993**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 607.1506, 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 Type or Print Name of Person Signing) (If Registered Agent Signature Required Here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZELAYA, PABLO	1.2 NAME	
STREET ADDRESS	12201 S.W. 100TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALANIZ, DANILO	2.2 NAME	
STREET ADDRESS	8425 NW 8TH ST., #307	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, CARLOS	3.2 NAME	
STREET ADDRESS	6030 S.W. 133TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, JOSE	4.2 NAME	
STREET ADDRESS	11370 SW 144TH PATH	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALANIZ, LUIS F	5.2 NAME	
STREET ADDRESS	8425 NW 8TH ST., #307	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 — 5/20/96 (Date) — (305) 279-3582 (Daytime Phone #)

CR2E034 (12/95)