

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-1997

DOCUMENT # P93000064569 (5)

1. Corporation Name

UNIDEX INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

500 WINDERLEY PLACE
SUITE #112
MAITLAND FL 32751

500 WINDERLEY PLACE
SUITE #112
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3211705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

LICHTER, HUGH A
500 WINDERLEY PLACE, SUITE 112
MAITLAND FL 32751

81 Name

GIL REGASPI

82 Street Address (P.O. Box Number is Not Acceptable)

500 Winderley Place

83

Suite 112

84 City

Maitland

FL

85 Zip Code

32751

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]

GIL REGASPI, PRESIDENT & C.E.O

2-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME LICHTER, HUGH A
STREET ADDRESS 500 WINDERLEY PLACE, SUITE 112
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE D ☒ Change ☒ Addition
1.2 NAME Gil Regaspi
1.3 STREET ADDRESS 500 Winderley Place Suite 112
1.4 CITY-ST-ZIP Maitland, FL 32751

TITLE D ☒ DELETE
NAME VARGA, JIM
STREET ADDRESS 500 WINDERLEY PLACE, SUITE 112
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE D ☒ Change ☒ Addition
2.2 NAME LISA FORD REGASPI
2.3 STREET ADDRESS 500 Winderley Place Suite 112
2.4 CITY-ST-ZIP Maitland, FL 32751

TITLE D ☒ DELETE
NAME HAGGOU, ROBERT B
STREET ADDRESS 500 WINDERLEY PLACE, SUITE 112
CITY-ST-ZIP MAITLAND FL 32751

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 its 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]

GIL REGASPI

2-8-96

(407)660-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)