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PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000022434 (2)

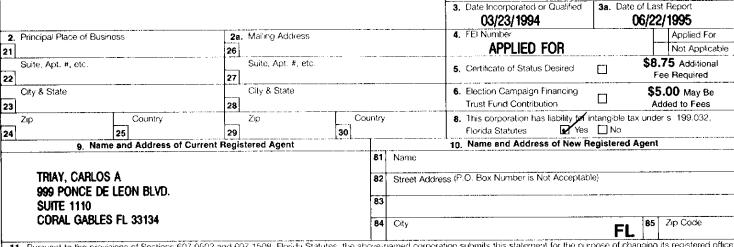
1. Corporation Name

TREXO MECHANICS, INC.

Principal Place of Business

Mailing Address

8101 N.W. 166TH ST. MIAMI FL 33016 8101 N.W. 166TH ST. MIAMI FL 33016



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, syred on profesioner eight general agent and fine it applicable. INFILE Signature response dispense stating. DATE				
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1 1 TIFLE	☐ Change ☐ Addition
NAME	TREJOS, JORGE A		1.2 NAME	
STREET ADDRESS	8101 N.W. 166TH ST.		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33016		1.4 C(TY - S1 - Z(P)	
TITLE	V	DELETE	2 1 101E	Change Change Addition
NAME	FALLAS, CARLOS M		2.2 NAME	
STREET ADDRESS	8101 N.W. 166TH ST.		2 3 STREET ADDRESS	
CITY-ST-2IP	MIAMI FL 33016		2.4 CiTV - \$1 - ZIP	
TITLE	S	DELETE	3 1 TITLE	Change Addition
NAME	GONZALEZ, REYNALDO E		3.2 NAME	
STREET ADDRESS	8101 N.W. 166TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33016		3.4 C/1Y - S1 - Z/P	
TITLE		☐ DELETE	4 1 1416	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP			4.4 CHY-ST-ZiP	
TITLE		DELETE	5 1 TITLE	Change
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DETE LE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY . ST- 7IP			6.4 CH Y - 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-96

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CR2E034 (12/95)