

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000032746 (6)

1. Corporation Name

INTERNATIONAL REX, INC.



Principal Place of Business

Mailing Address

% MANELLA, KLAPHOLZ & HOCHSZTEIN P.A.  
2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

% MANELLA, KLAPHOLZ & HOCHSZTEIN P.A.  
2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

3a. Date of Last Report

04/26/1995

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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

10. Name and Address of New Registered Agent

MANELLA, ROSS  
22036 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

81 Name

ROSS MANELLA

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

2206 Hollywood Blvd.

83

Hollywood, Fl. 33020

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 (to be typed in Block 12)

Signature typed or printed name of registered agent (to be typed in Block 13)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
GILBERT, JOEL  
66 RUE DES TOURBETTES  
74160 BOSSEX, FRANCE ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change ☒ Addition ☐  
Gillet, Joel  
3160 N.E. 165 Street  
N. Miami Beach, Fl. 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JAUBERT, MONICA D  
66 RUE DES TOURBETTES  
74160 BOSSEX, FRANCE ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change ☒ Addition ☐  
3160 N. E. 165 Street  
N. Miami Beach, Fl. 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change ☐ Addition ☐

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

JOEL GILBERT

DATE: 4/24/96 Day, Time Phone #

CR2E034 (12/95)