## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000045009 (4)

ACCORDEX INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 24 1997 8:00am Secretary of State



12201 S.W. 94 MIAMI FL 3318		12201 S.W. 94TH STREET MIAMI FL 33186-1913									
						3. Date Incorporated or Qualified 06/06/1995		3a. Date of Last Report 02/06/1996			
	lace of Business	2a. Mailing Address				4. FEI Number		<del></del>	Applied		
Suite, Apt	# oto	Suite, Apt. #, etc.				65-0590879			Not App		
2 Suite, Apr.	#, <del>(IC</del>	27				5. Certificate of Status Desired			5 Additio Requires		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution			00 May le		
Zip 4	Country 25	Z(p)	Countr 30	у	·····	8. This corporation has liability for in		jax unde	rs. 199.0	032,	
<u></u>	9. Name and Address of Curren					10. Name and Address of New Re		-			
HUN	vg, elisa l		81	Na	me						
12201 S.W. 94TH STREET MIAMI FL 33188-1913				Stre	eet Addre	Address (P.O. Box Number is Not Acceptable)					
			83	3							
			84	Cit	у			<b>85</b> Z	ip Code		
	(0.07.0)	1007 JE00 FILLS		Ц.,		oration submits this statement for the p	<u>FL</u>				
12. Title	P	D DIRECTORS	13. 1.1 TITLE		T	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT Chang			
TITLE	P	DELETE	1.1 TITLE					Chan	)e	Additio	
NAME	HUNG, CAROLINA 12201 S.W. 94TH STREET		12 NAME								
STREET ADDRESS	MAMI FL 33186-1913		13 STAE		155						
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NAME	HUNG, ELISA L		2.2 NAME								
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CITY - S1 - ZIP	MIAMI FL 33186-1913		2 4 CITY	-ST-ZIP							
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NAME			3.2 NAME								
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NAME		<del>_</del>	4 2 NAM						آ ۹ل	}	
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CITY - ST - 71P			4.4 CITY-	ST-ZIP						<u>)</u>	
TITLE		DELETE	5.1 TITLE					Chan	2e	Additio	
NAME			5.2 NAM								
STREET ADDRESS			5.3 STRE								
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Florier	5.4 CITY						- T-1	V44(t)	
TITLE		☐ DELE1E	61 TIFLE			10000206 -01/27/97010	883		<i>⊼</i> ∟	Additio	
NAME CARELY ADDRESS			62 NAME		ree l	-01/27/97010	1000	)9			
STREET ADDRESS			6.3 STRE	ET AUUH.	663	***165.00					

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the tal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this information indicated on this annual reportor supplement I am an officer or director of the corporation or the record

SIGNATURE: