1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045009

1. Corporation Name

ACCORDEX INC.

Principal Place of Business

Mailing Address

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90011 028 ***158.75



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12201 S.W. 94TH STREET 12201 S.W. 94TH STREET MIAMI FL 33186-1913 MIAMI FL 33186-1913					DO NOT WRITE IN THIS	SDACE			
					3. Date Incorporated or Qualifed 06/06/1995	<u> </u>			
Dringing Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
	lace of Busilless	} 1			65-0590879		Not Applicable		
21 Suite Ant	# ata	Suite, Apt. #, etc.			U/		Additional		
Suite, Apt.		27			5. Certificate of Status Desired	Fee	Required		
City & Stat	e	City & State			6. Election Campaign Financing	•	May Be		
23		28	. <u>. </u>		Trust Fund Contribution		d to Fees		
Zip 24]	Country Zip (25) 29 30			Country 8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	Agent	~		
·	5. Idamo and Address of Salistic	· · · · · · · · · · · · · · · · · · ·	81	Name					
HUNG, ELISA L 12201 S.W. 94TH STREET			82	Street Ade	dress (P.O. Box Number is Not Acceptable)		·		
	/II FL 33186-1913		83						
itil(/)i	11 1 2 00 100 10 10	•	03		<u> </u>				
			84	City	FL		p 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 a	and title if applicable. (NOTE: Ro	egisterød Agen	t signature requi	ired when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Ţ	100 100 100 100 100 100 100 100 100 100	Chang	e 🔲 Addition		
NAME	HUNG, CAROLINA		1.2 NAME	ŀ					
STREET ADDRESS	12201 S.W. 94TH STREET		1,3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186-1913		1.4 CITY-S	\ \ \			Ļ		
TITLE	V	☐ DELETE	2.1 TITLE			☐ Chang	e Addition		
NAME	HUNG, ELISA L		2.2 NAME				ì		
STREET ADDRESS	12201 S.W. 94TH STREET		2.3 STREET	ADDRESS					
	MIAMI FL 33186-1913		2. 4 CITY-S	,					
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	·		☐ Chang	e Addition		
NAME -	r u	-	3.2 NAME				}		
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S						
TITLE		☐ DELETE	4.1 TITLE			Chang	e Addition		
NAME			4, 2 NAME				ļ		
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP	,		4.4 CITY-S	r-zip	<u></u>				
TITLE	a section was	☐ DELETE	5.1 TITLE			Chang	e Addition		
NAME	Estate Control (1986)		5.2 NAME						
_STREET ADDRESS	∤ •.		5.3 STREET	ADDRESS			ļ		
CITY-ST-ZIP			5.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Chang	e		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS			J		
CITY-ST-ZIP			6.4 CITY-S	r-ZIP					
					Destina 440 07(0)() Flavida Ctatutos I further cort				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 reserviever or trusted ended to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, o) on an attachment with the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied to the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied to the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied to the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in the information indicated on this annual report is the information indicated on the information indicated on the information indicated on the information indicated in the information in the information in the information in the info

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE