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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050180 (5)

ALTEX INTERNATIONAL, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				-11 00:01 01414 00191 11001 10111 0011 7001
1732 NW 20	ST.	1732 NW 20 ST.				
MIAMI FL 33142 MIAMI FL 33142						
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified 06/23/1995	
2. Principal P	lace of Business	2a. Mailing Address .		S	A CCIAL A	Applied For
	Place of Business . 2 5 m.		$\omega x$	, S/65.	65-0594743	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City 8/21at	ami FlA.	City & Spite	FI	í.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
70	Country C	_   == 1	Country	h /	8. This corporation owes or has pai	
24 3 3	0/92 25 U-S.Jt.	29 33/42	30 <i>O.</i> 3	S./4.	Personal Property Tax due June	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Age						
	rez, pedro l		61	Name		
1732 NW 20 ST.				82 Street Address (P.O. Box Number is Not Acceptable)		
M!/	AMI FL 33142		83	ļ		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuto	s, the abov	e-named co	rporation submits this statement for the pation's board of directors. I hereby accep	urnose of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statute	s.	ation's board of directors. Thereby accep	tine appointment as registered
SIGNATURE	Signature typed or printed name of registered agent	and title it applicable (NOTE	: Registered Ag	ent signature req	uired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	DST	☐ DELETE	1.1 TITLE			Change Addition
NAME	PEREZ, PEDRO L		1.2 NAME			ļ
STREET ADORESS	1732 NW 20 ST.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL DP	T ouere	1.4 CITY- S	ST-ZIP		
TITLE	HERENANDEZ, EFRIN A.	☐ DELET <b>E</b>	2.1 THILE		PHONORE FORDER	Change Addition
NAME	14601 NW 185TH STREE, LOT	•	2.2 NAME		lenhanoez Éfhain – 780 N.C. 113, STREE.	<u></u>
STREET ADDRESS	MIAMI FL	۲	2.3 STREET		YENTUNE FLONIOM.	93/60
CITY-ST-ZIP TITLE	ena usu t C	☐ DELE <b>TE</b>	2.4 CITY-	SI-ZIP	de la comorta	Change Addition
NAME		- Decemb	3.2 NAME			Fin Autorities Financialists
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ì		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY-S	I - ZIP		
TITLE		☐ DELETE	51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	antife that the Enfance Commence of the	The second second	6.4 CITY-S	T-ZIP	(10.0510)	

I hereby certify that the information supplied with this filing 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 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.