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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. My-tham-Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000059677 (1)
1. Corporation Name

PEXACO INTERNATIONAL CORP.

FILED May 01 1996 8:00 am Secretary of State



| Principal Place | of Business | Mairing Address | J | | |
|------------------------------------|---------------------------------------|--|----------------------------------|--|--------------------------------------|
| • | EMO AVENUE | 1500 SAN REMO AVENU | ΙĒ | | |
| SUITE 125 CORAL GABLES FL 33146 | | SUITE 125 | SUITE 125 | | |
| CORAL GAB | LES FL 33146 | CORAL GABLES FL 331 | 10 | Date Incorporated or Qualified 08/01/1995 | 3a. Date of Last Report |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 9795 S.D. | IXIE HW | 65-0606090 | Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | Country | 28 MIAMI, FO | Country | Trust Fund Contribution 8. This corporation has liability for | Added to Fees |
| Zip 24 | 25 | | ٠٠ كي أن الرق | Florida Statutes Yes | No |
| | g. Name and Address of Ci | | <u> </u> | 10. Name and Address of New I | Registered Agent |
| | | | B1 Name | | |
| ANIDO, MARTA F MS. 82 Street Ac | | | | Address (P.O. Box Number is Not Acceptal | ble) |
| | DIXIE HIGHWAY | | | | |
| MIAMI F | FL 33156 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | corporation submits this statement for the pu | FL 03 245 SOCC |
| familiar wi | th, and accept the obligations of, | | Flagistered Agent signature | corporation submits this statement for the pt is board of directors. I hereby accept the app required when reinstating | DATE |
| 12. | OF FICERS | S AND DIRECTORS | 13. | | FICERS AND DIRECTORS IN 12 |
| TITLE | | []] DELETE | 1 1 TOTLE | PRASIDENT | ☐ Change 🔀 Addition |
| NAME | | | 1.2 NAME | VICTOR GRIFOLS ROUN | ` ∙ |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 1 · · · | |
| CITY-ST-7IP | | ☐ DELETE | 1.4 CIBY - ST - ZIP 2 1 TITLE | MIAMI #) 33 SECRETARY | ☐ Change ☑ Addition |
| TITLE | | L) better | 2 2 NAME | | |
| NAME STREET ADDRESS | | | 2.3 STREET ADDRESS | HARTA F. ANIDO | Huy |
| CITY-ST-ZIP | | | 2.4 City-S1-ZiP | MIAMI FI 331 | 56 |
| D11-31-211 | | DELETE | 3 1 Title | | Change Addition |
| NAME | 1 | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRES | 6 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | - cooos | 19925 |
| TITLE | | DELETE | 4. 1 TILE 1 | 5000018 -05/08/9601 | 1-3-3@GSAge Addition |
| NAME . | | | 4.2 NAME | ***300_00 | Service - Medical |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 C/TY-ST-Z/P 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRES | 0/0 | |
| CITY-SI-ZIP | | | 5.4 CITY-ST-ZIP | of the same of the | |
| TITLE | M M M M M M M M M M M M M M M M M M M | ☐ DELFTE | 6 1 TITLE | , /4 | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRES | 6 7 | |
| CITY-ST-ZIP | | | 6.4 CiTY-ST-7IP | | 0.07/09/A Florido 02-1 A 14 -45 |
| امتمنا سلسا اهلها | by cortify that the information sup | rated with this filing is valuaterily furnis | aned and does not c | ualify for the exemption stated in Section 11 | 9 UZBUKI, FIORIDA STATUTAS, LTURIDĀR |

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 earth; that I am an officer or director of the corporation or the receiver or trusted 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

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$/4/94 305 1617-3500