FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000075297 (8)

1. Corporation Name

APEX PLUS CORP.

Principal Place of Business

801 MADRID ST., STE. #108-A
CORAL GABLES FL 33134

Mailing Address

801 MADRID ST., STE. #108-A
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/29/1995

3a. Date of Last Report

4. FEI Number: 65-0609461 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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

2. Principal Place of Business
21 801 Madrid St,
Suite, Apt. #, etc.
22 108-B
City & State
23 Coral Gables, FL
Zip
24 33134
Country
25

2a. Mailing Address
26 801 Madrid St,
Suite, Apt. #, etc.
27 108-B
City & State
28 Coral Gables, FL
Zip
29 33134
Country
30

9. **Name and Address of Current Registered Agent**

CORTES, MIGUEL A
801 MADRID ST., STE. #108-A
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: Miguel A. Gomez-Cortes
82 Street Address (P.O. Box Number is Not Acceptable): 801 Madrid St, Ste. #108-B.
83
84 City: Coral Gables FL 85 Zip Code: 33134

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 (X) [signature] Miguel A. Gomez Cortes - President 6/25/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	~~President~~	[ ] DELETE
NAME	~~Miguel A Cortez~~	
STREET ADDRESS	~~801 Madrid St #108A~~	
CITY-ST-ZIP	~~Coral G. Fl 33134~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	[ ] CHANGE [ ] Addition
1.2 NAME	MIGUEL A. GOMEZ-CORTES	
1.3 STREET ADDRESS	801 Madrid st suite 108-B	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	[ ] Change [ ] Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
5.1 TITLE	500001884765	
5.2 NAME	-07/05/96--01031--007	
5.3 STREET ADDRESS	***208.75	
5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] MIGUEL A GOMEZ-CORTES 4/17/96 883 42 70.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CS 5/1/96