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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082797 (8)

1. Corporation Name
FIREX CORPORATION

Principal Place of Business
2371 COLLINS AVE. APT. #B-1610
MIAMI BEACH FL 33139

Mailing Address
PO BOX 520952
MIAMI FL 33152-0952



3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
04/25/1996

2. Principal Place of Business
21 2620 NE 135 STREET
Suite, Apt. #, etc.
22 Apt. 2H
City & State
23 N. miami FL
Zip
24 33181 Country
25 Dade
26 2620 NE 135 street
Suite, Apt. #, etc.
27 Apt. 2H
City & State
28 N. miami FL
Zip
29 33181 Country
30 Dade

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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

9. Name and Address of Current Registered Agent
BAYER, THEODORE
9400 SOUTH DADELAND BLVD., SUITE 300
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
MICHAEL KERRY
82 Street Address (P.O. Box Number is Not Acceptable)
2620 NE 135 STREET
83 Apt. 2H
84 City
N. miami FL
85 Zip Code
33181

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, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	KERRY, MICHAEL	2620 NE 135 STREET APT. 2H	N. miami FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2620 NE 135 STREET APT. 2H	N. miami FL 33181	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

Signature, typed or printed name of registered agent, and title if applicable.

4/14/97 305 477-3100
DATE

CR2E034 (9/96)