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 # P95000091109 (5)

1. Corporation Name
AVINEX. CORP.

Principal Place of Business
6770 INDIAN GREEK DRIVE #6D
MIAMI BEACH FL 33141

Mailing Address
6770 INDIAN GREEK DRIVE #6D
MIAMI BEACH FL 33141

2. Principal Place of Business
21 7601 E Treasure Dr.
Suite, Apt. #, etc.
22 Suite 611
City & State
23 Miami , Fl. 33141
Zip
24 33141
Country
25 Fl.

2a. Mailing Address
26 7601 E. Treasure Dr.
Suite, Apt. #, etc.
27 Suite 611
City & State
28 Miami. florida
Zip
29 33141
Country
30 Fl.

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report

4. FEI Number
EIN-65-0628451
☐ 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

SPERO, JOHN P
6770 INDIAN GREEK DRIVE #6D
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
Spero.John P.
82 Street Address (P.O. Box Number is Not Acceptable)
7601 E. Treasure Dr. Suite 611
83
Suite 611
84 City
Miami. FL
85 Zip Code
33141

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SPERO, JOHN P	
STREET ADDRESS	6770 INDIAN GREEK DRIVE #6D	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	☐ DELETE
NAME	SPERO, JUAN C	
STREET ADDRESS	6770 INDIAN GREEK DRIVE #6D	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	ST	☐ DELETE
NAME	SPERO, HIMELDA	
STREET ADDRESS	6770 INDIAN GREEK DRIVE #6D	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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	P	☐ Change ☐ Addition
1.2 NAME	Spero, John P.	
1.3 STREET ADDRESS	7601 E. Treasure Dr S.611	
1.4 CITY-ST-ZIP	Miami,Fl, 33141	
2.1 TITLE	V	☐ Change ☐ Addition
2.2 NAME	Spero Juan C.	
2.3 STREET ADDRESS	7601 E Treasure Dr. Suite 611	
2.4 CITY-ST-ZIP	Miami, Fl. 33141	
3.1 TITLE	ST	☐ Change ☐ Addition
3.2 NAME	Spero Himelda	
3.3 STREET ADDRESS	7601 E Treasure Dr Suite 611	
3.4 CITY-ST-ZIP	Miami, Fl 33141	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: Spero SPERO,JOHN P. (President) 01-20-96 (305)866-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #