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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006883

1. Corporation Name
HEX INVESTMENTS, INC.

Principal Place of Business	Mailing Address
10691 N. KENDALL DRIVE SUITE 310 MIAMI FL 33176	10691 N. KENDALL DRIVE SUITE 310 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/23/1997

2. Principal Place of Business	2a. Mailing Address
21 8500 S.W. 8 Street	26 8500 S.W. 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste 238	27 Ste 238
City & State	City & State
23 Miami, FLORIDA	28 Miami, FLORIDA
Zip / Country	Zip / Country
24 33144 / 25 U.S.	29 33144 / 30 U.S.

4. FEI Number: 65-0721293 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACHADO, JOSE LUIS 10691 N. KENDALL DRIVE SUITE 310 MIAMI FL 33176	81 Name: Jose Luis Machado 82 Street Address (P.O. Box Number is Not Acceptable): 8500 S.W. 8 Street 83 Ste 238 84 City: Miami FL 85 Zip Code: 33144

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 _____ 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HERRAN, EMILIANO E		1.2 NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, #310		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAINZOS, ROGELIO		2.2 NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, #310		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CORREA, JORGE		3.2 NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, #310		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACHADO, JOSE		4. 2 NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, #310		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LASARTE, FELIX		5.2 NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, #310		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, DAISY T		6.2 NAME		
STREET ADDRESS	10691 N. KENDALL DRIVE, #310		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		6.4 CITY-ST-ZIP		

14. 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/6/99 (305)261-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #