

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 # **S24168** (4)

1. Corporation Name

METROTEX CORP.

Principal Place of Business

**5487 N.W. 72ND AVE.
MIAMI FL 33166**

Mailing Address

**5487 N.W. 72ND AVE.
MIAMI FL 33166**



2. Principal Place of Business

2a. Mailing Address

2b

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/11/1991

3a. Date of Last Report

06/28/1995

4. FEI Number

65-0238400

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

10. Name and Address of New Registered Agent

**HERNANDEZ, ALBERTO
5487 N.W. 72ND AVE.
MIAMI FL 33166**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESSES, RAFAEL
AVENIDA CENTRAL 1783
PANAMA 1, PANAMA**

13. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE ESSES, VICTORIA A.
AVENIDA CENTRAL 1783
PANAMA 1, PANAMA**

14. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE TAWACHI, RAQUEL ESSE
APARTADO 2054
PANAMA 1 PA**

15. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

16. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

12 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)