

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # S79807****(1)****1. Corporation Name
VARTREX, INC.****Principal Place of Business
10301 S.W. 125TH STREET
MIAMI FL 33176****Mailing Address
10301 S.W. 125TH STREET
MIAMI FL 33176****APPROVED
AND
FILED****95 MAR 16 AM 10:27****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
09/12/1991****3a. Date of Last Report
04/12/1994****4. FBI Number
65-0288933****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****2. Principal Place of Business****2a. Mailing Address****21 Suite, Apt. #, etc.****26 Suite, Apt. #, etc.****22 City & State****27 City & State****23 Zip Country****28 Zip Country****24****25****29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****RICHARD, MARK
304 PALERMO AVENUE
CORAL GABLES FL 33134****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 registering)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BAROCAS, LOUIS
10301 SW 125TH ST.
MIAMI FL****1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**
☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
BAROCAS, MARK
12200 SW. 71 CT.
MIAMI FL****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**
☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**
☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**
☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**
☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**
☐ Change ☐ Addition**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: *Mark Barocas* MARK BAROCAS, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #