## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$93552

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HUBIX CORPORATION

Principal Flace of Business Mailing Address

14235 SW 96 TERR 14235 SW 96 TERR.
MIAMI FL 33186 MIAMI FL 33186

MIAMI FL 331	186	MIAMI FL 33186							
US						3. Date Incorporated or Qualified	3a. Date o		•
						11/12/1991	03	/06/19	95
, Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		A	Applied For
		26				65-0296760		<del></del>	Not Applicable
Suite Apt. #,	, etc	— 1	Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired	\$8.75 Additio		
City & State		City & State				6. Election Campaign Financing		\$5.00	<b>)</b> Мау Ве
Ony Crossing		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for it	ntangible tax	under s	199.032,
- 1	25	29	30			Florida Statutes			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
EDACED	CELIY			B2	Stroot Addre	ess (P.O. Box Number is Not Acceptab	le)		
FRASER	•			62	Street Addre	and the second second	,		
	SW 96 TERR.			83					
MIAMI P	FL 33186							Apr   70	o Code
				84	City		FL	85 Zip	) Code
or registere familiar wilf	ed agent, or both, in the State of FI n, and accept the obligations of, Sc	orida. Such change was auth ection 607.0505, Florida Stat	iorized by thutes.	he corp	oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	omumeni as i	egistereu	вуен. тап
GNATURE	Significant types or product marrie of registered &				it signature required		DATE		<del>_</del>
		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12
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ME	FRASER, RUBY		1	1 2 NAME					
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Y ST ZIP	MIAMI FL		I 1	1.4 CITY - S	ST-ZIP				
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TUF VAME		[.] beer	ı	6 2 NAME					
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4. I do hareby certify that the information surfaced 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 certify, 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 of plaged, or on an attachment with an address.

SIGNATURE: S

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (305) 382-1121

CR2E034 (12/9