

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
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DOCUMENT # **M95744 (2)**
 1. Corporation Name
AMAREX CORPORATION



Principal Place of Business INTERNATIONAL CENTER 65 AVE. DE LA GARE 500 LUXEMBOURG, EUROPE L-1611	Mailing Address 444 BRICKELL AVE. 51-246 MIAMI FL 33111
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 05/01/1995
21	26	4. FEI Number 65-0076883	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
100 SE SECOND ST.
SUITE 2315-A
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____
Signature: Typed or printed name of registered agent and for if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEJDA, L	12 NAME	
STREET ADDRESS	444 BRICKELL AVE. #51-246	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXFIELD, P.	22 NAME	AS
STREET ADDRESS	444 BRICKELL AVE. 51-246	23 STREET ADDRESS	444 Brickell Ave. - #51-246
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	Miami, FL 33131
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUILLERMOZ, R.	32 NAME	
STREET ADDRESS	INTERNATIONAL CENTER-500	33 STREET ADDRESS	
CITY - ST - ZIP	LUXEMBOURG EUROPE	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	100001852721
STREET ADDRESS		53 STREET ADDRESS	-06/05/96--01115--002
CITY - ST - ZIP		54 CITY - ST - ZIP	***208.75
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

100001852721
 -06/05/96--01115--002
 ***208.75

Handwritten initials: B, J, P, 96

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: *Elio Carbayo* **4/30/96** **258-190**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. CARBAYO
 OFFICER

CR2E034 (12/95)