

**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 <b>INTERNATIONAL CENTER                  65 AVE. DE LA GARE 500                  LUXEMBOURG, EUROPE L-1611</b>	Mailing Address <b>444 BRICKELL AVE.                  51-246                  MIAMI FL 33111</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/24/1988	05/01/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0076883	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent <b>IBC FIDUCIARY INC.                  100 SE SECOND ST.                  SUITE 2315-A                  MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEJDA, L	2. NAME	
STREET ADDRESS	444 BRICKELL AVE. #51-246	3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXFIELD, P.	6. NAME	AS
STREET ADDRESS	444 BRICKELL AVE. 51-246	7. STREET ADDRESS	444 Brickell Ave. - #51-246
CITY - ST - ZIP	MIAMI FL	8. CITY - ST - ZIP	Miami, FL 33131
TITLE	PD <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUILLERMOZ, R.	10. NAME	
STREET ADDRESS	INTERNATIONAL CENTER-500	11. STREET ADDRESS	
CITY - ST - ZIP	LUXEMBOURG EUROPE	12. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	100001852721
STREET ADDRESS		15. STREET ADDRESS	-06/05/96--01115--002
CITY - ST - ZIP		16. CITY - ST - ZIP	***208.75
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

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

CR2E034 (12/95)