## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M95744

(2)

**AMAREX CORPORATION** 

| -      | FILED   | )       |
|--------|---------|---------|
| May 15 | 1998    | 8:00am  |
| Secre  | tary of | f State |

| Principal Plac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ce of Business                                        | Mailing Address                 |                             |                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|-----------------------------|------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                 |                             |                                                                  |  |
| 444 BRICKELL AVE. 444 BRICKELL AVE. 51-246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                 |                             |                                                                  |  |
| MIAMI FL 331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 31                                                    | MIAMI FL 33111                  |                             | DO NOT WRITE IN THIS SPACE                                       |  |
| U\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                 |                             | 3. Date Incorporated or Qualified                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                 |                             | 08/24/1988                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Place of Business                                     | 2a. Mailing Address             |                             | 4. FEI Number Applied For                                        |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | 26                              |                             | 65-0076883 Not Applicable                                        |  |
| Sulte, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | #, etc.                                               | Suito, Apt. #, etc.             |                             | 5, Certificate of Status Desired                                 |  |
| City & Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | re                                                    | City & State                    | ······                      | Election Campaign Financing \$5.00 May Be                        |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | 28                              |                             | Trust Fund Contribution Added to Fees                            |  |
| Ζiρ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                               | Zip                             | Country                     | 8. This corporation owes or has paid the current year Intangible |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25                                                    | 29                              | 30                          | Personal Property Tax due June 30. Yes X No                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | g, Name and Address of Current                        | Registered Agent                |                             | 10. Name and Address of New Registered Agent                     |  |
| IBC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIDUCIARY INC.                                        |                                 | 81 Nam                      | 9                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SE SECOND ST.                                         |                                 | <b>B2</b> Stree             | t Address (P.O. Box Number is Not Acceptable)                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ITE 2315-A                                            |                                 | 102                         | Thousand The Box Marrison is Not Mocophable)                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AMI FL 33131                                          |                                 | 83                          |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                 | 84 City                     | Opt 7 to Code                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                 | OH 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature, typed or printed name of registrired again | (NO) o'da, a'qqa fi olid bea fi | IE Registered Agent signate | ro required when reinstating) DATE                               |  |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICERS AND                                          |                                 | 13.                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VS                                                    | ☐ DELETE                        | 1.1 TITLE                   | ☐ Change ☐ Addition                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SMEJDA, L                                             |                                 | 1.2 NAME                    |                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 444 BRICKELL AVE.#51-246                              |                                 | 1.3 STREET ADDRESS          |                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI FL                                              |                                 | 1.4 CITY - ST - ZIP         |                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AS                                                    | X DELETE                        | 2.f TITLE                   | V - AS Change X Addition                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CARBAYO, E.                                           |                                 | 2.2 NAME                    | LE COMPTE, J.                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 444 BRICKELL AVE. 51-246                              |                                 | 2.3 STREET ADDRESS          |                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI FL                                              |                                 | 2.4 CITY-ST-ZIP             | MIAMI FL                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD                                                    | <b>⊠</b> DELETE                 | 3.1 TITLE                   | PD Change & Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WILLERMOZ, R.                                         |                                 | 3.2 NAME                    | ALEXANDER, A.                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INTERNATIONAL CENTER-500                              |                                 | 3.3 STREET ADDRESS          | A 444 DIVICIONO NATION #21-540                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LUXEMBOURG EUROPE                                     |                                 | 3.4. CITY - ST - ZIP        | MIAMI FL                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | ☐ DELETE                        | 4.1 TITLE                   | A S Change K Addition                                            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                 | 4. 2 NAME                   | DELLAVEDOVA, A.                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                 | 4.3 STREET ADDRESS          | 444 BRICKELL AVENUE #51-246                                      |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                 | 4.4 CITY-ST-ZIP             | MIAMI FL                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | ☐ DELETE                        | 5.1 TITLE                   | ☐ Change ☐ Addition                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                 | 5.2 NAME                    |                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                 | 5.3 STREET ADDRESS          |                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | T AF. Fa-                       | 5.4 CITY - ST - ZIP         |                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | ☐ DELETE                        | 6.1 TITLE                   | L] Change L] Addition                                            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                 | 6.2 NAME                    |                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                 | 6.3 STREET ADDRESS          |                                                                  |  |
| CHY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | portification to the information                      | h this filing days = = 4 + Of I | 6.4 CITY-ST-ZIP             |                                                                  |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicing in annual report is frue 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 emprowed 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. |                                                       |                                 |                             |                                                                  |  |