

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000065024**

1. Corporation Name

**SERIMEX TRADING, Co. of South Florida**

Principal Place of Business

**8585 Sunset Dr #90  
Miami, Fl. 33143**

Mailing Address

**8585 Sunset Dr #90  
Miami, Fl. 33143**

**FILED**  
95 APR 28 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE \*\*\*240.00

3. Date Incorporated or Qualified <b>9/2/94</b>	3a. Date of Last Report
4. Tax Number <b>65-0525713</b>	Applied For Next Application
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Country
25 Country	29 Zip
26 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name	81 Name <b>Dennis C. McDevitt, Esq.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address <b>23123 State Road 7</b>		
83	83 <b>Suite 350B</b>		
84 City	85 State	86 Zip Code	
<b>Boca Raton</b>	<b>FL</b>	<b>33428</b>	

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]* DATE **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERGIO PAGNI</b>	12. NAME	
STREET ADDRESS	<b>8585 SUNSET DR. #90</b>	13. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI, FL. 33143</b>	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>Vice-President</b>	21. TITLE	
NAME	<b>MARCO VICENTE PAGNI</b>	22. NAME	
STREET ADDRESS	<b>8585 SUNSET DR. #90</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI, FL. 33143</b>	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> 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(1)(b), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made in the state, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *[Signature]* TITLE: **Pres** DATE: **4/26/95**