

05-21-2002 90879 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018514 ✓
1. Entity Name
 Imexco Intl Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 936 Tanglewood Circle Suite, Apt. #, etc.		3. Mailing Address 318 Indian Trace Suite, Apt. #, etc. Suite 190	
City & State Weston, FL		City & State Weston, FL	
Zip 33327	Country USA	Zip 33326	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0647421

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Martin A. Barrios
 Street Address (P.O. Box Number is Not Acceptable): 936 Tanglewood Circle
 City: Weston FL Zip Code: 33327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Martin Barrios* DATE: 4/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$350.00
 Amended UBRs \$67.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President MARTIN A. BARRIOS. 936 Tanglewood Circle Weston FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary MARICE PEREIRA BARRIOS 936 Tanglewood Circle Weston FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental reports 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Barrios* DATE: 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)