2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90017 020 ***150.00

DOCUMENT # P99000006710

1. Entity Name
BIMER CORP.

Principal Place of Business	Mailing Address
1420 BRICKELL BAY DRIVE #1503 MIAMI, FL 33131	300 ARAGON AVENUE SUITE 250 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

14000601

03142004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0577819
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, YOLANDA ESQ.
300 ARAGON AVE.
SUITE 250
CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WATED, ELIAS
STREET ADDRESS	1420 BRICKELL BAY DRIVE, NO. 1503
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DPT
NAME	WATED, ELIAS
STREET ADDRESS	1420 BRICKELL BAY DRIVE, NO. 1503
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DSVP
NAME	WATED, BEATRIZ
STREET ADDRESS	1420 BRICKELL BAY DRIVE, NO. 1503
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/14/04 (305) 461-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #