FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48525 (2)

1. Corporation Name
ALMEX USA, INC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE 7TH FLOOR MIAMI FL 33131	1110 BRICKELL AVE 7TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/08/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 15801 N.W. 15th Avenue	26 P.O. Box 694135
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 MIAMI FL
Zip / Country 24 33169 / 25 U.S.A.	Zip / Country 29 33269 / 30 U.S.A.

4. FEI Number: 65-0361348 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, I. STANLEY
1110 BRICKELL AVE 7TH
MIAMI FL 33131

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	GUTIERREZ, JOSE RAMON	12 NAME	HUGO PINO	
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL	13 STREET ADDRESS	15801 N.W. 15th Ave.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl. 33169	
TITLE	D	21 TITLE	Vice President	☐ Change ☒ Addition
NAME	BORDA, MARTIN	22 NAME	JOSE ROGERS	
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL	23 STREET ADDRESS	15801 N.W. 15th Ave.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Fl. 33169	
TITLE	D	31 TITLE	Director	☒ Change ☐ Addition
NAME	DEL PEDREGAL, ALBERTO	32 NAME	JOSE RAMON GUTIERREZ	
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL	33 STREET ADDRESS	15801 N.W. 15th Ave.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Fl. 33169	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PINO, HUGO	42 NAME		
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	PEREZ, JOSE JOAQUIN	52 NAME	EDUARDO VALLS	
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL	53 STREET ADDRESS	15801 N.W. 15th Ave.	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, Fl. 33169	
TITLE		61 TITLE	Vice President	☐ Change ☒ Addition
NAME		62 NAME	FERNANDO MANZANO	
STREET ADDRESS		63 STREET ADDRESS	15801 N.W. 15th Ave.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, Fl. 33169	

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)(i), 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 addition.

SIGNATURE: _____ Jan 25 '95 (305) 624 8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
JOSE M. ROGERS

0120730 CP