

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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V48525** (2)

1. Corporation Name
ALMEX USA, INC.

Principal Place of Business
**15801 NW 15TH AVENUE
MIAMI FL 33169
US**

Mailing Address
**P O BOX 894135
MIAMI FL 33269-1135
US**



3. Date Incorporated or Qualified **07/08/1992** 3a. Date of Last Report **10/09/1996**

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

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 FLOOR
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **2/18/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOLOMON, DAVID			1.2 NAME			
STREET ADDRESS	15801 NW 15TH AVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BORDA, MARTIN			2.2 NAME			
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUTIERREZ, JOSE RAMON			3.2 NAME			
STREET ADDRESS	15801 NW 15TH AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PINO, HUGO			4.2 NAME			
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			4.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEREZ, JOAQUIN			5.2 NAME			
STREET ADDRESS	15801 NW 15TH AVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			5.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROGERS, JOSE			6.2 NAME			
STREET ADDRESS	15801 NW 15TH AVE			6.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			6.4 CITY - ST - ZIP			

14. I do 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 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 as an attachment with an address.

SIGNATURE: **DAVID J. SOLOMON** 2/10/97 305 624 8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)