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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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	Mailing Address
15801 NW 15TH AVENUE MIAMI FL 33169 US	P O BOX 694135 MIAMI FL 33269 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1992

2. Principal Place of Business	2a. Mailing Address
21 Palmetto Frontage Rd. 14100	26 P.O.Box 170409
Suite, Apt. #, etc 22 210	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, Fl	City & State 28 Hialeah, Fl
Zip 24 33016-1557 Country 25 USA	Zip 29 33017-0409 Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVINE, I. STANLEY 1110 BRICKELL AVE 7TH FLOOR MIAMI FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☒ DELETE	6.1 TITLE		☐ Change ☐ 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		

CR2E034 (10/97)

14. 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 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 address.

SIGNATURE: _____ President 5/8/98 (305)364-0009