2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # V48525

1. Entity Name
ALMEX USA, INC.

Principal Place of Business	Mailing Address
14100 PALMETTO FRONTAGE RD SUITE 210 MIAMI LAKES, FL 33016-1557 US	PO BOX 170409 HIALEAH, FL 33017-0409 US

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUTIERREZ, JOSE RAMON
STREET ADDRESS	14100 PALMETTO FRONTAGE RD
CITY-ST-ZIP	MIAMI LAKES, FL 330161557
TITLE	D
NAME	CLEMENT, ARTURO
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	GRUNWALD, RICARDO
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	SANTELICES, MANUEL
STREET ADDRESS	14100 PALMETTO FRONTAGE RD
CITY-ST-ZIP	MIAMI LAKES, FL 330161557
TITLE	VP
NAME	PAINE, JASON
STREET ADDRESS	14100 PALMETTO FRONTAGE RD #210
CITY-ST-ZIP	MIAMI LAKES, FL 330161557
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/06/04-80009-006 150.00

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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: _____ 07-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #