

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 7:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # F87531 (2)**  
1. Corporation Name  
**ALLIMEX, INC.**

Principal Place of Business Mailing Address  
**3200 N.W. 67 AVE.  
BLDG. 1002  
MIAMI FL 33122** **P.O. BOX 165803  
MIAMI FL 33116-5800**

3. Date Incorporated or Qualified **06/10/1982** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-2234050** 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

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. Zip Country

9. Name and Address of Current Registered Agent  
**DATORRE, ROBERTO  
410 SIXTEENTH ST.  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81. Name **REID, ROBERTO**  
82. Street Address (P.O. Box Number is Not Acceptable) **5700 SW 133 PL. UNIT # 1**  
83. City **MIAMI** FL 85. Zip Code **33183**

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 *Roberto Reid* **ROBERTO REID P/D/M** **04/18/95**  
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | <b>PD</b>                         |
| NAME           | <b>DATORRE, ROBERTO</b>           |
| STREET ADDRESS | <b>410 SIXTEENTH ST</b>           |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>             |
| TITLE          | <b>S</b>                          |
| NAME           | <b>REID, ROBERTO</b>              |
| STREET ADDRESS | <b>3200 NW 67 AVE. BLDG. 1002</b> |
| CITY-ST-ZIP    | <b>MIAMI FL 33122</b>             |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <b>P/D/M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 1.2 NAME           | <b>REID, ROBERTO</b>   |
| 1.3 STREET ADDRESS | <b>5700 SW 133 PL UNIT #1</b>  |
| 1.4 CITY-ST-ZIP    | <b>MIAMI, FL 33183</b>   |
| 2.1 TITLE          | <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 2.2 NAME           | <b>ROSALES, FERNANDO</b>   |
| 2.3 STREET ADDRESS | <b>9310 SW 137 AVE. APT. # 917</b>   |
| 2.4 CITY-ST-ZIP    | <b>MIAMI, FL 33186</b>   |
| 3.1 TITLE          | <b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>MOLFINO, JAVIER</b>   |
| 3.3 STREET ADDRESS | <b>13520 SW 96 ST</b>  |
| 3.4 CITY-ST-ZIP    | <b>MIAMI, FL 33186</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roberto Reid* **ROBERTO REID P/D/M** **04/18/95** **(305) 380-9625**  
(Signature, type or printed name of signing officer or director) Date Daytime Phone #