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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F87531

ALLIMEX, INC.

FILED									
Apr 14, 1999 8:00 am									
Secretary of State									
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04-14-1999 90153 083 *****8.75 04-14-1999 90153 084 ***150.00

							ISMA IIIMI IZMI AZMEL MII) 1	IIMi: H.H.: Indi	
Principal Place of Business Mailing Address				. ~						
3200 N.W. 67 A	VE	P.O.≃BOX-165803								
BLDG. 1002		MIAMI FL 33116-5803			DO NOT WRITE IN THIS SPACE					
MIAMI FL 33122					3. Date Inco	3. Date Incorporated or Qualifed				1
					06/10/1					ĺ
2 Deinainal O	and of Business	2a. Mailing Address			4. FEI Numb		4144	Ar	plied For	1
	ace of Business	F			59-2234				t Applicable	ĺ
21	#	Suite, Apt. #, etc.			35 643	1000			Additional	
Suite, Apt.	w, etc.				Certifcate	of Status Desire	ed Y	Fee Re		ĺ
City & State		City & State			6 Floation C	ampaign Financ	ring	\$5.00	May Bo	ĺ
		<u></u>				d Contribution	a 🗀	Added	•	l
Zip	Country	Zip Country					current year Inta		/	1
└	25	29 30			4.	Property Tax.	odironi your mio	Yes	Ø No	ļ
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered Agent				
	talle and Address of Current	registered Agent	81	Name				·		
RFID	, ROBERTO		<u> </u>						_	1
	SW 133 PLACE UNIT 1		82	Street A	ddress (P.O. Box N	umber is Not Ac	ceptable)			
L	11 FL,33183		83					,		1
Nation of the state of the stat	11 12,50,100	•	03]_
			84	City			FL	85 Zip	Code	}
	<u> </u>			L				hanaina ita	registered	1
- affice or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	FIGURA: SUCH CHANGE WAS AUD	unzeu uv	tille colboi	ration's board of dire	ctors. I hereby a	accept the appoin	tment as re	gistered	
SIGNATURE		norr O			quired when reinstating)		DATE			_ (
	Stgnature, typed or printed name of registered agent a		13.	пт відпатиле гес		S/CHANGES TO	OFFICERS AN	DIRECTO	ORS IN 12	8
12.	OFFICERS AND	DELETE	1.1 TITLE							1
TITLE	D CELANA	Z.S. OCCCTC	1.2 NAME		BEID.	ROBEP	PLACE		-	7
NAME	KAHPAN, SELMA			TADDRESS	5300 5	W 133	place	UNIT	1.	٤
STREET ADDRESS	1601 S OCEAN DRIVE #1102				IMAIM	FI	33183	3		2
CITY-ST-ZIP	MIAMI FL 33019	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP	PILATE			Change	Addition	2
TITLE	V	C) DETEIE							_	
NAME	ROSALES, FERNANDO	4=	2.2 NAME]						
STREET ADDRESS	9310 SW 137TH AVENUE APT 9	1/		TADORESS						
CITY-ST-ZIP	MIAMI FL	- Flactor	2.4 CITY-	ST-ZIP			-	Change	Addition	Ι.
TITLE	S	☐ DELETE	3.1 TITLE					, Change	- Noviton	
NAME	MOLFINO, JAVIER		3.2 NAME	ļ		•				Ì
STREET ADDRESS	13520 SW 96TH STREET	•	3.3 STREE	T ADDRESS		••				
CITY-ST-ZIP	MIAMI FL		3.4, CITY-1	ST-ZIP						-
TITLE	•	☐ DELETE	4.1 TITLE		•			Change	☐ Addition	
NAME			4, 2 NAME							
STREET ADDRESS	<u>.</u>		4.3 STREE	TADDRESS		•				
- CITY-ST-ZIP		191	4.4 CITY-S	ST-ZIP						1
TITLE		DELETE	5.1 TITLE		•	3		Change	Addition	1
NAME			5.2 NAME]						ļ
STREET ADDRESS	•		5.3 STREE	TADORESS		•				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			-			1
TITLE	• •	☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAME	1		•				
STREET ADDRESS			6.3 STREE	TADORESS						1
1										1

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, with all other like empowered.

SIGNATURE: