

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L07396 1. Entity Name FINOTEX U.S.A. CORP.	
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Principal Place of Business 6942 N.W. 50TH ST. MIAMI, FL 33166	Mailing Address 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

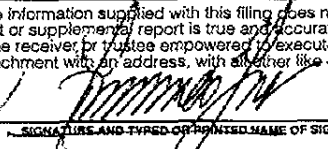
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SLEBI, CARLOS YIDI 6942 N.W. 50TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP QUINTERO, ANDRES YIDI 6942 N.W. 50TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP QUINTERO, CARLOS YIDI 6942 N.W. 50TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST QUINTERO, WILLIAM YIDI 6942 N.W. 50TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/18/04-80005-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 either the empowered.

SIGNATURE:  **Chief Operating Officer** 3/12/04 305 470 2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____