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.

Principal Place of Business	Mailing Address
6942 N.W. 50TH ST. MIAMI, FL 33166	2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134 US

02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0135546
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD
STE 330
CORAL GABLES, FL 33134

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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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SLEBI, CARLOS YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	QUINTERO, ANDRES YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	QUINTERO, CARLOS YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	DST
NAME	QUINTERO, WILLIAM YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY-ST-ZIP	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

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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: _____ Chief Operating Officer 3/12/04 305 470 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #