

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90017 045 ***150.00

DOCUMENT # 663215

1. Entity Name

CONINVEX, INC.



Principal Place of Business

2655 LEJEUNE ROAD
STE 802
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE ROAD
STE 802
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1965865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIR, HECTOR J.
2655 LE JEUNE RD., STE. 1107
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME GARCIA, JUAN E
STREET ADDRESS 16112 VIA MONTEVERDE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE DPT ☒ Change ☐ Addition
NAME GARCIA, FRANCES
STREET ADDRESS 16112 VIA MONTEVERDE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE DT ☒ Delete
NAME GARCIA, FRANCES
STREET ADDRESS 16112 VIA MONTEVERDE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE DVM ☒ Change ☐ Addition
NAME GARCIA, JUAN E
STREET ADDRESS 16112 VIA MONTEVERDE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE DVM ☐ Delete
NAME GARCIA, JUAN A
STREET ADDRESS 8250 LOS PINOS CIR
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVM ☐ Delete
NAME GARCIA, DAVID R
STREET ADDRESS 5781 SW 116 STREET
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Juan E Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15, 2004 305-442-9270
Date Daytime Phone #