


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 694109	
1. Entity Name MICONEX CORPORATION	

Principal Place of Business 9500 NW 77TH AVE UNIT 8 HIALEAH GARDENS, FL 33016	Mailing Address 9500 NW 77TH AVE UNIT 8 HIALEAH GARDENS, FL 33016
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DO NOT WRITE IN THIS SPACE



05112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2118736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MORELL, ABILIO M. 2550 W. 67TH PLACE #23 HIALEAH, FL 33016	

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000160480
05/14/04-80005-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MORELL, ABILIO M 8720 NW 166TH TERRACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORELL, ALEJANDRO 14792 NW 87TH COURT MIAMI LAKES, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMOS, BARBARO 4200 SW 154TH COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:  **5/11/04** 305-556-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #