


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 694109 1. Entity Name MICONEX CORPORATION	
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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**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2118736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000310482

04/18/05-80007-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	MORELL, ABILIO M
STREET ADDRESS	8720 NW 166TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	VP
NAME	MORELL, ALEJANDRO
STREET ADDRESS	14792 NW 87TH COURT
CITY-ST-ZIP	MIAMI LAKES, FL 33018

TITLE	VP
NAME	RAMOS, BARBARO
STREET ADDRESS	4200 SW 154TH COURT
CITY-ST-ZIP	MIAMI, FL 33185

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Daytime Phone #

305-556-0191