

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003629

1. Entity Name
INVEX INTERNATIONAL, INC.



Principal Place of Business
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

Mailing Address
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1334449

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
REYES-RETANA HIGUERA, GERARDO
STREET ADDRESS
CITY-ST-ZIP
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

TITLE
NAME
V
AMAYA, SALVADOR
STREET ADDRESS
CITY-ST-ZIP
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

TITLE
NAME
D
GUICHARD, JUAN B
STREET ADDRESS
CITY-ST-ZIP
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

TITLE
NAME
D
DOUCET LEAUTAND, PATRICK
STREET ADDRESS
CITY-ST-ZIP
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

TITLE
NAME
D
REYES-RETANA VALDEZ, CLEMENTE I
STREET ADDRESS
CITY-ST-ZIP
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

TITLE
NAME
CO
BARRIENTOS, CARLOS
STREET ADDRESS
CITY-ST-ZIP
601 BRICKELL KEY DR SUITE 400
MIAMI, FL 33131

U00000664882
03/23/07-80001-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/24/07 786-425-1717
Date Daytime Phone #