## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

29

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F65647

(2)

MORIMEX, CORP.

DUARTE, ANA M

Principal Place of Business  **********************************	Mailing Address 410 N.W.82 Ave W.82 Avery W.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/03/1982	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied F
21	26	59-2205956	Not Applie
Suite, Apt #, etc	Suite, ∧pt #, etc.	5. Certificate of Status Desired	\$8.75 Addition Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z(p Country	8. This corporation owes or has paid the cu	rrent year Intangible

**FILED** Mar 16 1998 8:00am Secretary of State

|--|--|--|

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Yes

6037 SW 281H STREET MIAMI FL 33155		82 Street Address (P.O. Box Number is Not Acceptable)				
W	IIAMI FL 33133	63				
		84 City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.						
SIGNATURE State to be described to the state of and the state of and the state of t						
	<u></u>	<u>. " — —                                 </u>	Total building)			
12.	OFFICERS AND DIRI CTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change			
TITLE	- 1	1.1 TITLE				
NAME	MORINIGO, NORBERTO	1.2 NAME				
STREET ADDRESS	28104N/K 707H AVE. 1410 N.W.82 Ave.	1.3 STREET ADDRESS				
CHY-ST-ZIP	MIAMI FL 33126	1.4 CITY - ST - ZIP				
TITLE	V\$D DELETE	2 1 TITLE	☐ Change ☐ Addition			
NAME	DUARTE, ANA M	22 NAME				
STREET ADDRESS	WHO NAME AND AVEL 410 N.W. 82 Ave.	23 STREET ADDRESS				
CITY-ST-ZIP	Micani i E	2. 4 CITY - ST - ZIP				
TITLE	DELETE	3.1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3 4 CITY-ST-ZIP				
TITLE	□ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
City-St-ZiP		4.4 CITY - ST - 21P				
THLE	DELETE	5 1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-S1-ZIP		54 CITY-ST-ZIP				
TITLE	DELETE	61 TITLE	Change Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY - \$1 - ZIP				
14. Thereby o	erlify that the information supplied with this filing does not qualify for t	he exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information			
indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attaching it with an address						

NORBERTO MORINIOS PERSIDENT

Name