

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F65647**

1. Corporation Name
MORIMEX, CORP.

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90036 046 ***150.00



Principal Place of Business Mailing Address
1410 N.W. 82 Ave. P.O. Box 836299
MIAMI FL 33126 MIAMI FL 33283
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1410 N.W. 82 Ave.** 26 **P.O. Box 836299**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **City & State** 27 **City & State**
23 **Miami, Fla. Dade** 28 **Miami, Fla.**
Zip Country Zip Country
24 **33126** 25 **Dade** 29 **33283** 30 **Dade**

3. Date Incorporated or Qualified
02/03/1982
4. FEI Number **59-2205956** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DUARTE, ANA M
6037 SW 28TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name **Norberto Morinigo**
82 Street Address (P.O. Box Number is Not Acceptable)
9020 S.W. 125 Ave.
83 **Miami**
84 City **Miami-Dade** FL 85 Zip Code **33186**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Norberto Morinigo* **Norberto Morinigo-PTSD** **04/07/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE **PTD** ☒ DELETE
NAME **MORINIGO, NORBERTO**
STREET ADDRESS **1410 N.W. 82 AVE**
CITY-ST-ZIP **MIAMI FL 33126**
TITLE **VSD** ☒ DELETE
NAME **DUARTE, ANA M**
STREET ADDRESS **1410 N.W. 82 AVE**
CITY-ST-ZIP **MIAMI FL 33126**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PTSD** ☒ Change ☐ Addition
1.2 NAME **Norberto Morinigo**
1.3 STREET ADDRESS **9020 S.W. 125 Ave.**
1.4 CITY-ST-ZIP **Miami, Fla. 33186**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Norberto Morinigo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORBERTO MORINIGO **4/7/99** **305-5910921**

0181105

CR2E034 (1.1/98)