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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F78641** **(0)**

1. Corporation Name
LADEX CORPORATION

Principal Place of Business	Mailing Address
815 N.W. 57 AVENUE STE 200 MIAMI FL 33126	815 N.W. 57 AVENUE STE 200 MIAMI FL 33126-2041

3. Date Incorporated or Qualified: 05/03/1982
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business	2a. Mailing Address
21 7231 S.W. 63 Avenue	26 7231 S.W. 63 Avenue
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33143 / 25 U.S.A.	Zip / Country 29 33143 / 30 U.S.A.

4. FEI Number: 59-1883148 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOREIRA, DOMINGO R
815 N.W.57 AVE
STE 200
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7231 S.W. 63 Avenue
83 Suite 200
84 City: Miami FL 85 Zip Code: 33143

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: [signature] TREASURER DATE: 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MOREIRA, BRENDA O		1.2 NAME		
STREET ADDRESS	815 NW 57 AVE SUITE 200		1.3 STREET ADDRESS	7231 S.W. 63 Avenue, Suite 200	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MOREIRA, DOMINGO R		2.2 NAME		
STREET ADDRESS	815 NW 57 AVE SUITE 200		2.3 STREET ADDRESS	7231 S.W. 63 Avenue, Suite 200	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BOGERT, ALBERT D		3.2 NAME		
STREET ADDRESS	815 NW 57 AVE SUITE 200		3.3 STREET ADDRESS	7231 S.W. 63 Avenue, Suite 200	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BRU, RAFAEL I		4.2 NAME		
STREET ADDRESS	815 NW 57 AVE SUITE 200		4.3 STREET ADDRESS	7231 S.W. 63 Avenue, Suite 200	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] TREASURER 4/29/97 305-6624380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #