

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G47196

(2)

1. Corporation Name

IMEXPAIN U.S.A., INC.

Principal Place of Business

8275 N.W. 36 STREET
MIAMI FL 33166

Mailing Address

8275 N.W. 36 STREET
MIAMI FL 33166

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

HAFT, BARRY J
1101 BRICKELL AVENUE, SUITE 800-S
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2327854

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Haft & Associates, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Ave., Suite 800-S

83

84 City

Miami

FL

85 Zip Code

33131

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

Haft & Associates, P.A., By: *Barry Haft* President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when reinstating)

7/17/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PCD

SAUDINOS, ANTONIO S

8275 N.W. 36 STREET

MIAMI FL 33166

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S

VALLS, VICENTE

RAMBLA MENEDEZ NUNEZ #12

ALICANTE, SPAIN 03002

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT

SEVA-DIAZ, MARIA C

ALVAREZ SEREIX NO. 3

ALICANTE, SPAIN

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PCD

RAUL PEREZ-SANZ

1001 S. BAYSHORE DR., SUITE 2104

MIAMI, FL 33131

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DVS

JORGE SALGUEIRO

1001 S. BAYSHORE DR., SUITE 2104

MIAMI, FL 33131

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D

GEORGE SIBLEZ

1001 S. BAYSHORE DR., SUITE 2104

MIAMI, FL 33131

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

500002243075-0

-07/21/97--01113-003

*****558.75 *****558.75

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

FILED

97 JUL 21 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)