


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G64739 (7) 1. Corporation Name UNIMEX INTERNATIONAL CORPORATION			
Principal Place of Business 8600 NW 53RD TERR #101 MIAMI FL 33166		Mailing Address 8600 NW 53RD TERR #101 MIAMI FL 33166	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8000 SW 89 PL Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33173		2a. Mailing Address 25 P.O. Box 830456 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33283 Country 30 DADE		3. Date Incorporated or Qualified 10/12/1983	
4. FEI Number 59-2368597		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RODRIGUEZ, BLANCA N. 8600 NW 53RD TERR, #101 MIAMI FL 33166				10. Name and Address of New Registered Agent			
81 Name				BLANCA N RODRIGUEZ			
82 Street Address (P.O. Box Number is Not Acceptable)				8000 SW 89 PL			
83							
84 City				MIAMI FL 85 Zip Code 33173			

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE				1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME RODRIGUEZ, BLANCA N.				1.2 NAME RODRIGUEZ, BLANCA N.			
STREET ADDRESS 8600 NW 53 TERR #101				1.3 STREET ADDRESS 8000 SW 89 PL			
CITY-ST-ZIP MIAMI FL				1.4 CITY-ST-ZIP MIAMI, FL 33173			
TITLE VTD <input type="checkbox"/> DELETE				2.1 TITLE VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FARAH, MAGDA				2.2 NAME FARAH, MAGDA			
STREET ADDRESS 8600 NW 53 TERR #101				2.3 STREET ADDRESS 8000 SW 89 PL			
CITY-ST-ZIP MIAMI FL				2.4 CITY-ST-ZIP MIAMI, FL 33173			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

MAGDA FARAH, VTD

01/08/98 (305) 198-9073

CR2E034 (10/97)