

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

FILED

Apr 04 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # J09955 (2)**

1. Corporation Name  
**CHEMEXPORT, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>301 BROADWAY, STE 216</b><br><b>RIVIERA BCH FL 33404</b> | Mailing Address<br><b>2850 GETTYSBURG LANE</b><br><b>WEST PALM BCH FL 33409-7212</b><br><b>US</b> |
|--|---|



|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br><b>21 100 W. Middle Rd.</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br><b>26 P.O. Box 9728</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>04/18/1986</b>  | 3a. Date of Last Report<br><b>03/21/1996</b> |
| 22 City & State<br><b>Riviera Beach, FL</b>  |  | 27 City & State<br><b>Riviera Beach, FL</b>                           |  | 4. FEI Number<br><b>59-2663791</b>  |  |
| 23 Zip<br><b>33404</b>   |  | 28 Zip<br><b>33419</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 24 Country<br><b>U.S.A.</b>  |  | 29 Country<br><b>U.S.A.</b>   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 25 <input type="checkbox"/>  |  | 30 <input type="checkbox"/>   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>JURGENS, OTTFRIED (MR)</b><br><b>2850 GETTYSBURG LANE</b><br><b>W PALM BCH FL 33409</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>Maria Bahl</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>100 W. Middle Road</b><br>83<br>84 City <b>Riviera Beach</b> <b>FL</b> 85 Zip Code <b>33404</b> |  |  |  |
|---|--|--|--|--|--|--|--|

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 *Maria Bahl* **Maria Bahl, President** **3/28/97**  
Signature typed or printed on is 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                      | P                    | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          | President, T  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | JURGENS, O. W.       |  | 1.2 NAME           | Maria Bahl  |                                 |                                   |  |
| STREET ADDRESS             | 2850 GETTYSBURG LANE |  | 1.3 STREET ADDRESS | 100 W. Middle Road                                    |                                 |                                   |  |
| CITY-ST-ZIP                | W PALM BCH FL        |  | 1.4 CITY-ST-ZIP    | Riviera Beach, FL 33404                               |                                 |                                   |  |
| TITLE                      | V                    | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE          | V, S  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | JURGENS, P.          |  | 2.2 NAME           | Suzanne Jesko   |                                 |                                   |  |
| STREET ADDRESS             | 2850 GETTYSBURG LANE |  | 2.3 STREET ADDRESS | 100 W. Middle Road                                    |                                 |                                   |  |
| CITY-ST-ZIP                | W PALM BCH FL        |  | 2.4 CITY-ST-ZIP    | Riviera Beach, FL 33404                               |                                 |                                   |  |
| TITLE                      | D                    | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE          | D   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | JURGENS, A.          |  | 3.2 NAME           | Jack Bahl, Jr.  |                                 |                                   |  |
| STREET ADDRESS             | 2850 GETTYSBURG LANE |  | 3.3 STREET ADDRESS | 100 W. Middle Road                                    |                                 |                                   |  |
| CITY-ST-ZIP                | W PALM BCH FL        |  | 3.4 CITY-ST-ZIP    | Riviera Beach, FL 33404                               |                                 |                                   |  |
| 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 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: *Maria Bahl* **3/10/97** **845.6391**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)