

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K12803** (8)

1. Corporation Name
FERNY-IMEX CORP.

FILED
JAN 27 1995

Principal Place of Business Mailing Address
7880 W 20TH AVE 7880 W 20TH AVE
BAY 40 BAY 40
HALEAH FL 33016 HALEAH FL 33016
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1988	3a. Date of Last Report 03/25/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0042594	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TITO, FERNANDO SASTRE 2415 W 67TH PL #13 HALEAH FL 33016				81 Name	Luffi, Carlos A.
				82 Street Address (P.O. Box Number is Not Acceptable)	1298 W. 82 St.
				83	
				84 City	Hialeah, FL
				85 Zip Code	33014

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 607.0802, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALICIA	1.2 NAME	
STREET ADDRESS	1298 W. 82ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33014	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERA, ADRIANA	2.2 NAME	
STREET ADDRESS	6715 W 24TH CT #14	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALICIA	3.2 NAME	
STREET ADDRESS	1298 W. 82 ST.	3.3 STREET ADDRESS	Rodriguez, Alicia (STD)
CITY-ST-ZIP	HALEAH FL 33014	3.4 CITY-ST-ZIP	1298 W. 82 St. Hialeah, FL 33014
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]* **Alicia Rodriguez - President 1-20-95 305-828-6031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR