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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90050 022 \*\*\*150.00

| DOCUMENT#          | K12902 |
|--------------------|--------|
| DOCCIVILIY #       | トレスのいっ |
| 4 Corneration Name |        |

| 1. Corporatio  | WIEN # K12803                                      | 3                                     |                                       |   |   |
|----------------|--|---------------------------------------|---------------------------------------|---|---|
| •              | IMEX CORP.   |                                       |                                       |   |   |
| I EINTI        | IMILA COM :  |                                       |                                       |   | 1816 BIBBI 91811 BIBBI 91811 BIBBI 1881 |
|                |  |                                       |                                       |   |   |
| Principal Plac | ee of Business                                     | Mailing Address                       | · · · · · · · · · · · · · · · · · · · |   | INIT AYNET ATAIT GENEE NINES ALNES CHAI |
| 2242 W 79TH    |  | 2242 W 79TH ST                        |                                       |   |   |
| BAY 40-        | •  | BAY 40-                               |                                       |   |   |
| HIALEAH FL 3   | 3016   | HIALEAH FL 33016                      |                                       | DO NOT WRITE IN T   | HIS SPACE                               |
| บร             |  | US                                    |                                       | 3. Date Incorporated or Qualifed 01/26/1988                   |   |
| 2 Original S   | Place of Business                                  | 2a. Mailing Address                   |                                       | 4. FEI Number   | Applied For                             |
| 21 22 4        | - 11 - 41  | 26                                    |                                       | 65-0042594  | Not Applicable                          |
| Suite, Apt.    |  | Suite, Apt. #, etc.                   |                                       |   | \$8.75 Additional                       |
| 22             | ,  | 27                                    |                                       | 5. Certifcate of Status Desired                               | Fee Required                            |
| City & Stel    |  | - City & State                        |                                       | 6. Election Campaign Financing                                | \$5:00 May Be                           |
| 23 HIA         | LEAH, FL USA_                                      | 28                                    |                                       | Trust Fund Contribution                                       | Added to Fees                           |
| Zip            | Country  | Zip                                   | Country                               | <ol><li>This corporation owes the current year</li></ol>      |   |
| 24 330         |  |                                       | so                                    | Personal Property Tax.  | ☐ Yes ☐ No                              |
|                | 9. Name and Address of Curre                       | nt Registered Agent                   | 81 Name                               | 10. Name and Address of New Registe                           | red Agent                               |
| ;<br>          | FI, CARLOS A                                       |                                       | 01 Name                               |   |   |
|                | 8 W 82 ST  |                                       | 82 Street                             | Address (P.O. Box Number is Not Acceptable)                   |   |
|                | LEAH FL 33014                                      |                                       | 83 980                                | 28 N.W. 126th terrace   | <del></del>                             |
|                |  |                                       |                                       |   |   |
| <i>;</i>       |  |                                       | 84 City//                             | A LEAH GOUS corporation submits this statement for the purpos | FL 85 Zip Code 3 3018                   |
| ``,            | to the provisions of Scotions 607.05               | 02 and 607 1508 Elevida Statutos      | the above named                       | corporation submits this statement for the purpos             | e of changing its registered            |
| office or i    | registered agent, or both, in the State            | e of Florida. Such change was aut     | thorized by the corpo                 | oration's board of directors. I hereby accept the a           | ppointment as registered                |
| agent. I a     | am familiar with, and accept the obliga            | ations of, Section 607.0505, Florid   | da Statutes.                          |   |   |
| SIGNATURE      | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: F | Registered Agent signature o          | equired when reinstating) DAT                                 | <u> </u>                                |
| 12.            |  | ND DIRECTORS                          | 13.                                   | ADDITIONS/CHANGES TO OFFICERS                                 | S AND DIRECTORS IN 12                   |
| TITLE          | PD   | ☐ DELETE                              | 1,1 TITLE                             |   | Change                                  |
| NAME           | RODRIGUEZ, ALICIA                                  |                                       | 1.2 NAME                              |   |   |
| STREET ADDRESS |  |                                       | 1.3 STREET ADDRESS                    | 7505 W 35 TAVE  |   |
| CITY-ST-ZIP    | HIALEAH FL 33014                                   |                                       | 1.4 CITY-ST-ZIP                       | HIALEAH, FL. 33018  |   |
| TITLE          | VD   | ☐ DELETE                              | 2.1 TITLE                             | ,   | Change C                                |
| NAME           | VALERA, ADRIANA                                    |                                       | 2.2 NAME                              |   |   |
| STREET ADDRESS |  |                                       | 2.3 STREET ADDRESS                    | ·   |   |
| CITY-ST-ZIP    | HIALEAH FL   |                                       | 2.4 CITY+ST-ZIP,                      |   |   |
| TITLE          | STD  | ☐ DELETE                              | 3.1 TITLE                             |   | Change                                  |
| NAME           | RODRIGUEZ, ALICIA                                  |                                       | 3.2 NAME                              | 7505 W. 35th AVE  |   |
| STREET ADDRESS | II.  |                                       | 3.3 STREET ADDRESS                    | 7505 W. 33 AVE  |   |
| CITY-ST-ZIP    | HIALEAH FL   | F) DELETE                             | 3.4. CITY-ST-ZIP                      | HIALEAH, FL. 33018  | Change                                  |
| TITLE          |  | ☐ DELETE                              | 4.1 TITLE                             | ,   | C Criange C.                            |
| NAME           |  |                                       | 4. 2 NAME                             |   |   |
| STREET ADDRESS |  |                                       | 4.3 STREET ADDRESS                    | •   |   |
| CITY-ST-ZIP    |  | ☐ DELETE                              | 4.4 CITY-ST-ZIP                       |   | Change C                                |
| NAME           |  | C) 5522.1C                            | 5.2 NAME                              |   |   |
| STREET ADDRESS | j  |                                       | 5.3 STREET ADDRESS                    |   |   |
| CITY-ST-ZIP    | 1  |                                       | 5.4 CITY-ST-ZIP                       |   | •                                       |
| TITLE          | <del> </del>                                       | ☐ DELETE                              | 6.1 TITLE                             |   | Change C                                |
| NAME           |  | <b>~</b>                              | 6.2 NAME                              |   |   |
| STREET ADDRESS |  |                                       | 6.3 STREET ADDRESS                    |   |   |
| CITY-ST-7IP    | 1  |                                       | 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 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, with all other like empowered.

SIGNATURE:

(305) 828-6031