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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

K28902

(0)

GRUPEXMA, U.S.A., INC. Principal Place of Business Mailing Address 2035 SW 125TH COURT 2035 SW 125TH COURT MIAMI FL 33175								
					3. Date Incorporated or Qualified	3a. Date o		,
2. Principal P	lace of Business	2a. Malling Address			07/20/1988	03,	/31/18	995
21		26 26			4. FEI Number 65-0061566			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					60.7	Not Applicat
22		27			5. Certificate of Status Desired			5 Additional Required
City & State	е	City & State			6. Election Campaign Financing	·		00 May Be
23 Zip		28			Trust Fund Contribution		Adde	ed to Fees
24	Country 25	Zip	Coun	try	8. This corporation has liability for i	ntangible tax		
= 1	9. Name and Address of Curren	29 29	30		Florida Statutes Yes			
	341701	3	s	Name	10. Name and Address of New R	egistered Ag	jent	
MARTIN	ez, angel							
	V 125TH COURT		8	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
MIAM! F	L 33175		8	13				
				4 City		- · · · · ·		
				1				ip Code
	th, and accept the obligations of, Secti	on 607.0505, Florida Statute:	red by the cor s.	rporation's boa	ration submits this statement for the purp rrd of directors. I hereby accept the appo	intment as re	gistered	d agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	and ote 1 ayo⊾ able (Na	ITE: Registered Ag	rporation's boa	d when remotate gi	DATE		···
SIGNATURE	Signature, typed or profesional are of registered agent OFFICERS AND	and the flagourable (NED DIRECTORS)	HE Registered Ag	gent agranure regiono		DATE CERS AND D	RECTO	DRS IN 12
SIGNATURE _	Signature, typed or profesting or of registered agreed OFFICERS AND PST	and ote 1 ayo⊾ able (Na	15 Registered Ag 13. 1 1 TUTL	gent agranura reguzo	d when remotate gi	DATE CERS AND D		···
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4. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNAL THE AND TYPED OR PRINTED, AME OF SIGNING OFFICER OR DIRECTOR

4/3/96 PM 305/477-4186