

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M44029
1. Corporation Name

INVEX CORPORATION

Principal Place of Business
c/o Fernando Zulueta
6262 Bird Road Ste 3C
Miami, FL 33155

Mailing Address
c/o Fernando Zulueta
6262 Bird Road Ste 3C
Miami, FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 c/o 5200 Blue Lagoon Dr.	26 c/o 5200 Blue Lagoon Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 700	27 Suite 700
City & State	City & State
23 Miami, Florida	28 Miami, Florida
Zip	Zip
24 33126	29 33126
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
12/30/1986	Not Applicable
4. FEI Number	Applied For
59-2783346	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ZULUETA, FERNANDO
6262 Bird Road, Ste 3C
Miami, FL 33155

10. Name and Address of New Registered Agent
81 Name Miami Corporate Systems, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 5200 Blue Lagoon Drive, Suite 700
83
84 City Miami
85 Zip Code FL 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1606, 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

Ramon E. Rasco, President

4/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DP
NAME	ZULUETA, FERNANDO	1.2 NAME	GILLIERON, MICHEL RICHARD
STREET ADDRESS	6262 Bird Rd. Ste 3C	1.3 STREET ADDRESS	c/o 5200 Blue Lagoon Dr. #700
CITY-ST-ZIP	Miami, FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	ST	2.1 TITLE	DS
NAME	ORRIOLS, ALINA J.	2.2 NAME	DESJACQUES, JEAN-PIERRE
STREET ADDRESS	6262 Bird Rd. Ste 3C	2.3 STREET ADDRESS	c/o 5200 Blue Lagoon Dr. #700
CITY-ST-ZIP	Miami, FL	2.4 CITY-ST-ZIP	Miami, FL
TITLE	D	3.1 TITLE	DT
NAME	TORNE, RAMON	3.2 NAME	GILLIERON, RENE ERNEST
STREET ADDRESS	Trav de Gracia 72	3.3 STREET ADDRESS	c/o 5200 Blue Lagoon Dr. #700
CITY-ST-ZIP	Barcelona 6, Spain	3.4 CITY-ST-ZIP	Miami, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)