2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# M44029

Entity Name: INVEX CORPORATION

Current Principal Place of Business:

C/O 283 CATALONIA AVE.
2ND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O BOX 562438
MIAMI, FL 33256

New Mailing Address:

7416 S.W. 48 STREET
MIAMI, FL 33155

FEI Number: 59-2783346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC
283 CATALONIA AVENUE
2ND FLOOR
CORAL GABELS, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: DESJACQUES, JEAN-PIE, RRE
Address: % 283 CATALONIA AVENUE 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete
Name: ORRIOLS, ALINA
Address: 283 CATALONIA AVENUE, 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: DS (X) Delete
Name: ABASCAL, LORENZO
Address: 283 CATALONIA AVENUE, 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PDS (X) Change ( ) Addition
Name: ROSANNE, WRIGHT
Address: 7416 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANNE WRIGHT PDS 04/05/2004

Electronic Signature of Signing Officer or Director — Date