

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90008 028 ***150.00

DOCUMENT # P00000051550

1. Entity Name
CEPEX USA, INC.



Principal Place of Business
**8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32219**

Mailing Address
**8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32219**

J4U00322



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3650743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAX CO.
C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 NORTH LAURA STREET, 3300 BARNETT CENTER
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARREBOLA, PEDRO
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	C
NAME	MORENO, ALBERT
STREET ADDRESS	P L LUIS COMPANYYS 51-53 08400 GRANOLLERS
CITY-ST-ZIP	BARCELONA, SPAIN,
TITLE	P
NAME	COTE, ANDRE
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #