

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P06869

(2)

1. Corporation Name

CORALEX N.V., INC.

Principal Place of Business

4995 NW 72 AVE. #303  
MIAMI FL 33166

Mailing Address

4995 NW 72 AVE. #303  
MIAMI FL 33166

FILED

95 JUL 11 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1985

3a. Date of Last Report

03/11/1994

4. FBI Number

98-0068542

Applied For

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 has liability for intangible tax under s. 198.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERMA, GLORIA C  
4995 NW 72ND AVE  
SUITE 303  
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | PSD                     |
| NAME            | VELASCO V., JOSE R.     |
| STREET ADDRESS  | 4995 NW 72ND AVE.       |
| CITY - ST - ZIP | MIAMI FL                |
| TITLE           | VD                      |
| NAME            | CLERICO, CARLO          |
| STREET ADDRESS  | 4995 NW 72ND AVE.       |
| CITY - ST - ZIP | MIAMI FL                |
| TITLE           | VSD                     |
| NAME            | LERMA, GLORIA           |
| STREET ADDRESS  | 4995 NW 72ND AVE.       |
| CITY - ST - ZIP | MIAMI FL                |
| TITLE           | VD                      |
| NAME            | DE VELASCO, CONSUELO V. |
| STREET ADDRESS  | 4995 NW 72ND AVE.       |
| CITY - ST - ZIP | MIAMI FL                |
| TITLE           | TD                      |
| NAME            | VELASCO V., HORACIO L.  |
| STREET ADDRESS  | 4995 NW 72ND AVE.       |
| CITY - ST - ZIP | MIAMI FL                |
| TITLE           | D                       |
| NAME            | N.V. ANTILLIANNSE BEH.  |
| STREET ADDRESS  | SCHOTTEGATWEG-00ST 130  |
| CITY - ST - ZIP | CURACAO, N.A.           |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

06/5/95

Date

305 574-3942

Daytime Phone

CR2E034 (395)