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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P06869** **(2)**

1. Corporation Name
CORALEX N.V., INC.

Principal Place of Business	Mailing Address
4995 NW 72 AVE. #303 MIAMI FL 33166	4995 NW 72 AVE. #303 MIAMI FL 33166-5643

3. Date Incorporated or Qualified: **07/24/1985**
3a. Date of Last Report: **06/07/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VELASCO V., JOSE R.		1.2 NAME		
STREET ADDRESS	4995 NW 72ND AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLERICO, CARLO		2.2 NAME		
STREET ADDRESS	4995 NW 72ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LERMA, GLORIA		3.2 NAME		
STREET ADDRESS	4995 NW 72ND AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DE VELASCO, CONSUELO V.		4.2 NAME		
STREET ADDRESS	4995 NW 72ND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VELASCO V., HORACIO L.		5.2 NAME		
STREET ADDRESS	4995 NW 72ND AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	N.V. ANTILLIANNSE BEH.		6.2 NAME		
STREET ADDRESS	SCHOTTEGATWEG-OOST 130		6.3 STREET ADDRESS		
CITY-ST-ZIP	CURACAO, N.A.		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [illegible] [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #