

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P06869

1. Entity 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**

DO NOT WRITE IN THIS SPACE

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02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
98-0068542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLO, CLERICO
4995 NW 72ND AVE
SUITE 303
MIAMI, FL 33166**

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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**

**U000000123493
04/22/04-80006-025 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| 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 | 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-OOST 130 |
| CITY-ST-ZIP | CURACAO, N.A. |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #