FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P35851** **(5)**

1. Corporation Name

IMEX SPECIALTIES, INC.

Principal Place of Business
5900 JOHNSON STREET
HOLLYWOOD FL 33021

Mailing Address
5900 JOHNSON STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: **10/10/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 5811 JOHNSON STREET
22 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FL
24 Zip: 33021
25 Country: BROWARD

2a. Mailing Address
26 5811 JOHNSON STREET
27 Suite, Apt. #, etc.
28 City & State: HOLLYWOOD FL
29 Zip: 33021
30 Country: BROWARD

4. FEI Number: **22-2420717** — 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

MONTENEGRO, JOSEPH G
5900 JOHNSON STREET
HOLLYWOOD FL 33021

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	~~P~~ P/D ☑ Change ☐ Addition
NAME	MONTENEGRO, JOSEPH	1.2 NAME	
STREET ADDRESS	4801 MONROE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021-7265	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	V/T/S/M ☐ Change ☑ Addition
NAME		2.2 NAME	MONTENEGRO, DONNA
STREET ADDRESS		2.3 STREET ADDRESS	4801 MONROE ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: Joseph G Montenegro — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Feb 16, 1996 (Date) — 954-964-9920 (Daytime Phone #)

CR2E034 (12/95)