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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # P92000000043 (9)

1. Corporation Name
CORIMARK CORPORATION

Principal Place of Business	Mailing Address
6701 N.W. 189 ST. MIAMI LAKES FL 33015	6701 N.W. 189 ST. MIAMI LAKES FL 33015

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 08/14/1995
4. FEI Number: 65-0367056 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 1551 LA COSTA DR. E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 PEMBROKE PINES, FL.
24 Zip / 25 Country	29 Zip 33027 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

ESHESIMUA, GODWIN W.
6701 N.W. 189 ST
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name: ESHESIMUA, GODWIN. W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1551 LA COSTA DR. E.
84 City PEMBROKE PINES FL 85 Zip Code 33027

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 changing)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESHESIMUA, G W 6701 N.W. 189TH STREET MIAMI LAKES FL 33015	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BRIGLIA, ISABELLE 1001 ROUTE DE VIUZ FAVERGES, FRANCE 76210	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ALTEN, STEVE R 9280 KETAY CIRCLE BOCA RATON FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ESHESIMUA, G. W. 1551 LA COSTA DR. E. PEMBROKE PINES FL, 33027	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 added by attachment with an address.

SIGNATURE: G. W. Eshesimua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96
Date

954-433-4632
Daytime Phone #

0069932 CP