

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90199 013 ***150.00

DOCUMENT # P93000005446

1. Corporation Name
COMIMEX, INC.



Principal Place of Business

~~9500 S. DADELAND BLVD~~
~~SUITE 550~~ 4913 SW 75 Avenue
MIAMI FL ~~33156~~ 33155

Mailing Address

~~9500 S. DADELAND BLVD~~
~~SUITE 550~~ 4913 SW 75 Avenue
MIAMI FL ~~33156~~ 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4913 SW 75 Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 4913 SW 75 Avenue
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/19/1993

4. FEI Number

65-0458932

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33155-4440

Country

25 USA

Zip

29 33155-4440

Country

30 USA

9. Name and Address of Current Registered Agent

SUAO, LUIS
~~9500 S. DADELAND BLVD~~
~~SUITE 550~~
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

4913 SW 75 Avenue

83

84 City

Miami

FL

85 Zip Code

33155

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

TITLE P ☐ DELETE

NAME SUAO, LUIS
STREET ADDRESS ~~9500 S. DADELAND BLVD., SUITE 550~~
CITY-ST-ZIP MIAMI FL ~~33156~~

TITLE ST ☐ DELETE

NAME SUAO, ADRIANA
STREET ADDRESS ~~9500 S. DADELAND BLVD., SUITE 550~~
CITY-ST-ZIP MIAMI FL ~~33156~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4913 SW 75 Avenue

1.4 CITY-ST-ZIP

Miami, Florida 33155-4440

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

4913 SW 75 Avenue

2.4 CITY-ST-ZIP

Miami, Florida 33155-4440

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

(305) 668-4999

Daytime Phone #

CR2E034 (11/98)

0229448