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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28 1998 8:00am Secretary of State

DOCUMENT # P93000012408 (9) BOMEX, INC.					
Principal Place of Business Malling Address				T (SENISED) (AN ORABE (AND ADAIL BRAIL DRIAL DRI	1910 (1011 8301) QB4B1 (Q11 10 <u>0</u>)
3755 NW 78 AVE 3755 NW 78 AVE					
MIAMI FL 33166 MIAMI FL 33166				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				02/18/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0397496	Not Applicable
- ¬		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
164	9. Name and Address of Current	Registered Agent	81 Name_	10. Name and Address of New Registered	d Agent
	LMC REGISTERED AGENTS INC.			n Herre	
	777 BRICKELL AVE SUITE 1200			ress (P.O. Box Number is Not Aceeptable)	,
	IAMI FL 33131		83	23 10, 00, 10, 100	
*****)			···-	
			84 CIKY.	ami FI	
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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	LIMME IAN	Hura:			7/98
12.	Signature types of printed name of registored agen OFFICERS AND		E: Registered Agent signature requestions 13.	ired when reinslating) BATE. ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO OFFICENS AT	Change Addition
NAME	HERRE, JAN	 -	1.2 NAME		_ , _
STREET ADDRESS	10242 NW 44 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY - ST - ZIP		
TITLE	Vice President	☐ DELETE	2.1 TITLE		Change Addition
NAME	Herre, Betting	-	2.2 NAME		
STREET ADDRESS	Migni, F1 331	7 4	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	1 114111 1-1 531	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.1 III.E 3.2 NAME		La change La Abdition
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	1-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	☐ 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 TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	/	peere	6.2 NAME		C Outside C Vacition
STREET ADDRESS		/	6.3 STREET ADDRESS		
CITY-ST-ZIP		/ /	6.4 CITY-ST-ZIP		
	certify that the information supplied wit	hybs filing poes not qualify fo		Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

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 of the 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 attaching with an address.

TAN HARD

1/10/8X