FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018641 (9)**

1. Corporate Name
FLEXIM INTERNATIONAL CORPORATION

Principal Place of Business
1180 S. POWERLINE RD.
SUITE 202
POMPANO BCH. FL 33069-4340

Mailing Address
1180 S. POWERLINE RD.
SUITE 202
POMPANO BCH. FL 33069-4340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 65-0248969 — 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
HEYDEN, PAUL L
1180 S. POWERLINE RD.
SUITE 202
POMPANO BCH. FL 33069-4340

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOFFREDI, GIORGIO
STREET ADDRESS	1180 S. POWERLINE RD. STE. 202
CITY ST ZIP	POMPANO BCH. FL 33069-4340
TITLE	VS
NAME	HEYDEN, PAUL L
STREET ADDRESS	1180 S. POWERLINE RD. STE. 202
CITY ST ZIP	POMPANO BCH. FL 33067-4340
TITLE	T
NAME	SANZONE, GIROLAMO
STREET ADDRESS	1180 S. POWERLINE RD. SYTE. 202
CITY ST ZIP	POMPANO BCH. FL 33069-4340
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY ST ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY ST ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY ST ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY ST ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY ST ZIP	

14. I 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)(i), Florida Statutes. 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 a director or officer 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 13 or Block 14 or attached or on an attachment with an address.

SIGNATURE: Giorgio Goffredi DIRECTOR — 04/26/95 — (305) 971-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0113002 CP