

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079337 (0)

1. Corporation Name

CUMEX CONSTRUCTION INC.

Principal Place of Business

6206 S.W. 136TH COURT
SUITE 201
MIAMI FL 33183

Mailing Address

P. O. BOX 83-0593
MIAMI FL 33283-0593
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

01/27/1994

4. FEI Number

65-0448552

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

21 5315 SW 140 Place

2a. Mailing Address

26 5315 SW 140 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
Miami FL

FL

27 City & State
Miami, FL

Zip

33175

Country

USA

Country

USA

24 33175

25 USA

29 33175

30 USA

9. Name and Address of Current Registered Agent

LEIVA, CARMEN

6206 S.W. 136TH COURT, SUITE 201 5315 SW 140 Pl.

MIAMI FL 33183 33175

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 607.0502, Florida Statutes.

SIGNATURE

Agent (or Agent for general management) (Signature) (Print Name)

(Signature) (Print Name) (Signature) (Print Name)

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

LEIVA, CARMEN

STREET ADDRESS

6206 S.W. 136TH CT. #201

CITY, ST, ZIP

MIAMI-FL-33183

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

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

PRESIDENT

04-24-95