

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 02, 1999 8:00 am  
Secretary of State

04-02-1999 90010 018 \*\*\*158.75

DOCUMENT # P94000019531

1. Corporation Name  
AMDEX CORPORATION

Principal Place of Business

60 THREEPENCE DRIVE  
7840 TRAVELERS TREE  
BOCA RATON FL 33433  
US

Mailing Address

C/O ALAIN DARWICHE  
7840 TRAVELERS TREE DR  
BOCA RATON FL 33433  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0474586

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

9. Name and Address of Current Registered Agent

NASSBERG, SHEILA  
70 BRISTOL DR  
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name ALAIN A. DARWICHE

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

7840 Travelers Tree Drive

83

84 City Boca Raton

FL

85 Zip Code 33433

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 *Alain A. Darwiche*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME HAIKEN, JEFFREY L  
STREET ADDRESS 60 THREEPENCE DR  
CITY-ST-ZIP MELVILLE NY 11747

TITLE D ☒ DELETE  
NAME NASSBERG, SHEILA  
STREET ADDRESS 70 BRISTOL DR  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☒ DELETE  
NAME GROSS, FELICIA  
STREET ADDRESS LAKE ST  
CITY-ST-ZIP GOLDENS BRIDGE NY 10526

TITLE D ☐ DELETE  
NAME DARWICHE, ALAIN  
STREET ADDRESS 7840 TRAVELLERS TREE DR  
CITY-ST-ZIP BOCA RATON FL 33433

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 D ☐ Change ☒ Addition  
1.2 NAME MARIAM DARWICHE  
1.3 STREET ADDRESS 7840 Travelers Tree Dr  
1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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: *Alain A. Darwiche, Pjt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (561)367-1573

Date

Daytime Phone #

CR2F034 (1/1/98)