

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047971 (4)

1. Corporation Name

KIMEX CORP.

Principal Place of Business

**9839 PINES BLVD
SUITE 105A
PEMBROKE PINES FL 33024**

Mailing Address

**9839 PINES BLVD
SUITE 105A
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FFI Number

65-0498827

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 § 199 (VAT,
Florida Statutes) ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KAM, MARCO SR.
9839 PINES BLVD
SUITE 105A
PEMBROKE PINES FL 33024**

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 607.0505, Florida Statutes.

SIGNATURE

(Signature) Signature of person registered agent and the corporation

(Signature) Registered Agent signature required when first filing

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KAM, MARCO SR.**
STREET ADDRESS **9839 PINES BLVD SUITE 105A**
CITY, ST, ZIP **PEMBROKE PINES FL 33024**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **KAM, MARCO JR.**
STREET ADDRESS **9839 PINES BLVD SUITE 105A**
CITY, ST, ZIP **PEMBROKE PINES FL 33024**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE **STD**
NAME **KAM, ANGELA**
STREET ADDRESS **9839 PINES BLVD SUITE 105A**
CITY, ST, ZIP **PEMBROKE PINES FL 33024**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information reported on this filing is voluntarily furnished and does not comply for the requirements stated in Sections 199.021 and 199.022, Florida Statutes. I further certify that the information included on the corporation's 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 person or persons authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or added as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Pras. Dant.

5/15/95 (205) 458-0623