

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

APPROVED

CORPORATION
ANNUAL REPORT
1995

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

95 MAR -3 AM 11:38

DOCUMENT # P94000063449 (0)

1. Corporation Name

VIMEX INTERNATIONAL, INC.

700001426117
03/10/95--01041--006
***208.75 ***208.75

Principal Place of Business

Mailing Address

141 NE 3RD AVE., SUITE 404
MIAMI FL 33131

141 NE 3RD AVE., SUITE 404
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/29/1994

3a. Date of Last Report

4. FEI Number

65-0517660

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

2a. Mailing Address

21 141 NE 3RD AVE

26 141 NE 3RD AVE S # 506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami FL

27 Miami FL

City & State

City & State

23

28

24 33132

25 USA

29 33132

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDANIEL, JOHN M
2 SOUTH BISCAYNE BLVD.
SUITE 2975
MIAMI FL

81 Name

D. L. DAVENESS (Legal)

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

141 NE 3RD AVE Suite 206

83

84

Miami

FL

85 Zip Code 33132

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, typed or printed name of registered agent or officer or director)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
LAVOR, ALFREDO K
R. HENRIQUE BRUGGEMANN, 64 APT. 801
FLORIANOPOLIS, S.C. BRAZIL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
S KARISE MELLO DAS NEVES
4000 COLLINS AVE # 305
M. D. 33140.
☐ Change ☐ Addition

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

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

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

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 supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(6), 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 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of change of agent or an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Jan. 27, 95 X(305)374-8510

0133700 CP