FILE NOW; FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000027237 (3)**

1. Corporation Name
PROMEX INTERNATIONAL CORP.

Principal Place of Business
800 E. ROBINSON ST., SUITE 500
ORLANDO FL 32801

Mailing Address
200 E. ROBINSON ST., SUITE 500
ORLANDO FL 32801-1917

3. Date Incorporated or Qualified: **04/03/1995**
3a. Date of Last Report: **06/04/1996**

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
Country — 25
Zip — 29
Country — 30

4. FEI Number ~~APPLIED FOR~~ 59-3310939 — 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
FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON ST., SUITE 500
ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	VICTOR MINCA
STREET ADDRESS	7575 DR PHILLIPS BLVD., SUITE 235
CITY-ST-ZIP	ORLANDO FL
TITLE	PD ☐ DELETE
NAME	MAURIZIO, PILON
STREET ADDRESS	VIALE DEL LAVORO, 41
CITY-ST-ZIP	37047 S. MARTINO B. A. IT
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☒ Change ☐ Addition
1.2 NAME	Minca, Victor
1.3 STREET ADDRESS	6654 Cristinia Marie Drive
1.4 CITY-ST-ZIP	Orlando, FL 32835
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Pilon, Maurizio
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP ☐ Change ☒ Addition
3.2 NAME	Ionescu, Alexander
3.3 STREET ADDRESS	200 E. Robinson St., Suite 500
3.4 CITY-ST-ZIP	Orlando, FL 32801
4.1 TITLE	S ☐ Change ☒ Addition
4.2 NAME	Rodes, Jasna
4.3 STREET ADDRESS	200 E. Robinson St., Suite 500
4.4 CITY-ST-ZIP	Orlando, FL 32801
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	

CR2E034 (9/96)

14. I do 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.

SIGNATURE [illegible] 03/26/1997