

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096901 (0)

1. Corporation Name

ALIMPEX TRADE, INC.



Principal Place of Business

1703 CAPTIVA DR.
OLDSMAR FL 34677

Mailing Address

1703 CAPTIVA DR.
OLDSMAR FL 34677

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

MANEY, RICHARD H
101 E. KENNEDY BLVD.
SUITE 3170
TAMPA FL 33602

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
STREBEL, ALBIN
1703 CAPTIVA DR.
OLDSMAR FL 34677

11 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE ☐ DELETE

VST
STREBEL, IRENE
1703 CAPTIVA DR.
OLDSMAR FL 34677

21 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

31 TITLE

STREET ADDRESS

32 NAME

CITY- ST- ZIP

33 STREET ADDRESS

TITLE ☐ DELETE

NAME

41 TITLE

STREET ADDRESS

42 NAME

CITY- ST- ZIP

43 STREET ADDRESS

TITLE ☐ DELETE

NAME

51 TITLE

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

NAME

61 TITLE

STREET ADDRESS

62 NAME

CITY- ST- ZIP

63 STREET ADDRESS

TITLE ☐ DELETE

NAME

64 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

14. I do 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)(k), 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)