

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90003 043 ***150.00

DOCUMENT # P96000071350

1. Entity Name

ALTIMEX TRADE CORPORATION

Principal Place of Business

96 Pembroke RD
 HALLANDALE, FL 33009

Mailing Address

501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI, FL 33131

2. Principal Place of Business

16300 N.E. 19th AVE

3. Mailing Address

16300 N.E. 19th AVE

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0691274

Applied For

Not Applicable

Zip

33162

Country

Zip

33162

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
 501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LUSINCHI, BLANCA IBANEZ	
STREET ADDRESS	96 Pembroke RD	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS A.	
STREET ADDRESS	96 Pembroke RD	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, LOREN M	
STREET ADDRESS	96 Pembroke RD	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16300 NE 19 Ave., ste. 205	
STREET ADDRESS		
CITY-ST-ZIP	miami FL 33162	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16300 N.E. 19 Ave., ste 205	
STREET ADDRESS		
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16300 NE 19 Ave, ste 205	
STREET ADDRESS		
CITY-ST-ZIP	N. Miami Beach 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blanca Lusinchi
 President

4-25-00
 Day

305-9338412
 Daytime Phone #

CR2E034 (9/99)