

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # **PG6000074598**  
1. Corporation Name  
**DIMEX INTERNATIONAL INC.**

|                                                                                |                                                                                        |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>604 E. CHURCH AVE<br/>LONGWOOD FLA 32750</b> | Mailing Address<br><b>1010 E. POORE DE LEON<br/>SUITE #3<br/>CORAL GABLE FLA 33134</b> |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                            |                                       |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>SEPT 9, 1996</b>                                                                                                                   | 4. FEI Number<br><b>59-3399604</b>    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                  | <b>\$8.75 Additional Fee Required</b> |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00 May Be Added to Fees</b>    |                               |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                               |

9. Name and Address of Current Registered Agent  
**NED CASPE  
604 E. CHURCH AVE  
LONGWOOD FLA 32750**

10. Name and Address of New Registered Agent

|                                                                                   |
|-----------------------------------------------------------------------------------|
| 81 Name<br><b>NED CASPE</b>                                                       |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>604 E. CHURCH AVE</b> |
| 83                                                                                |
| 84 City<br><b>LONGWOOD</b>                                                        |
| 85 Zip Code<br><b>FL 32750</b>                                                    |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|       |      |                |             |                                 |
|-------|------|----------------|-------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                       |                                           |                                                       |                                                 |                                                                   |
|-----------------------|-------------------------------------------|-------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE<br><b>P</b> | 1.2 NAME<br><b>RICARDO DE LA ESPRIERA</b> | 1.3 STREET ADDRESS<br><b>1010 E. POORE DE LEON #3</b> | 1.4 CITY-ST-ZIP<br><b>CORAL GABLES FL 33134</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE             | 2.2 NAME                                  | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE             | 3.2 NAME                                  | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE             | 4.2 NAME                                  | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE             | 5.2 NAME                                  | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE             | 6.2 NAME                                  | 6.3 STREET ADDRESS                                    | 6.4 CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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 in an attachment with an address.

SIGNATURE: **Ricardo de la Espriera** **4/30/98 (305) 443-3824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

10/5/12