

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000080365 (5)
1. Corporation Name
JUSTIMEX CORPORATION

Principal Place of Business
C/O ANTONIO DE OLIVEIRA LIMA
8181 NW 36TH STREET, SUITE 9-B
MIAMI FL 33166

Mailing Address
C/O ANTONIO DE OLIVEIRA LIMA
8181 NW 36TH STREET, SUITE 9-B
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 8045 N.W. 36th Street		09/27/1996	
22 City & State		27 Suite NO: 525		4. FEI Number	
23 Zip		28 MIAMI, FL.		65-0696964	
24 Country		29 33166		Applied For	
DADE		DADE		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 owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

LIMA, ANTONIO DE O
19392 E COUNTRY CLUB DR
SUITE 1235
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name LIMA, ANTONIO DE O.
82 Street Address (P.O. Box Number is Not Acceptable)
8181 NORTH WEST 36th STREET
83 SUITE NO. 9-B
84 City MIAMI FL 85 Zip Code 33166

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: LIMA, ANTONIO DE O. 01/07/98
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	PV STD
NAME	LIMA, ANTONIO DE O	1.2 NAME	LIMA, ANTONIO DE O.
STREET ADDRESS	19392 E COUNTRY CLUB DR	1.3 STREET ADDRESS	8181 NORTH WEST 36th STREET # 9B
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: LIMA, ANTONIO DE O. 01/07/98 (305) 436-0939
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0232209

CR2E034 (10/97)