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**Mar 21 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 # P96000099024 (7)

1. Corporation Name
VIMPEX PROPRIETRY (U.S.A.) INC.



Principal Place of Business Mailing Address
4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified **12/06/1996** 3a. Date of Last Report
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

2. Principal Place of Business 2a. Mailing Address
21 **3500 EL CONQUISTADOR PRWY, #119** 26 Suite, Apt. #, etc.
22 State, Apt. #, etc. **FL** 27 City & State
23 **BRADENTON, FL** 28 City & State
24 Zip **34210** 25 Country **U.S.A** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**VIDAS, JOSE A
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent
81 Name **VIDAS, JOSE O. A.**
82 Street Address (P.O. Box Number is Not Acceptable) **3500 EL CONQUISTADOR PRWY. #119**
83
84 City **BRADENTON** FL 85 Zip Code **34210**

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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VIDAS, JOSE A
STREET ADDRESS	4134 GULF OF MEXICO DR. SUITE 302
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	<input type="checkbox"/> DELETE
NAME	D VIDAS, JOSE O. A.
STREET ADDRESS	3500 EL CONQUISTADOR PRWY. #119
CITY-ST-ZIP	BRADENTON, FL. 34210
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 included 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: **MARCH 28, 97 (94) 727-7217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010678

CR2E034 (9/96)