2000 U"TTO

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90961 006 ***150.00

DOCUMENT # P97000007072 (6)

1. Corporation Name

A & L IMEX CORPORATION

Principal Place of Business
6595 NW 36 STREET #119
MIAMI, FLORIDA 33166

Mailing Address

6595 NW 36 STREET #119 MIAMI, FLORIDA 33166

A0061145

DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For			
			J				65-0727831		lot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				····i	-5. Certificate of Status Desired			
City & State			City & State					6. Election Campaign Financing \$5.00 May Be			
1							Trust Fund Contribution Added to Fees				
Zip	Country	Country Zip Cou				8. This corporation owes the current year Intang					
֓֞֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	25	3	30				Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
THE MEAN ADDRESS OF					81 Name						
BELTROY, ARTURO					82 Street Address (P.O. Box Number is Not Acceptable)						
9233 ABBOTT AVENUE					Ц						
SURFS		83						•			
					84	City		FL 81	5 Zip	Code	
office or i agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation						ration	ration submits this statement for the purpose of char i's board of directors. I hereby accept the appointme	nging it ent as i	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if	applicable. (NOTE: R	legistered	Agen	t signature re	quired w	when reinstating) DATE			
2 .	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	
TLE	PD		☐ DELETE	1.1 TI	TLE				Change	Addition	
AME	BELTROY, ARTURO			1.2 N	1.2 NAME						
TREET ADDRESS	9233 ABBOTT AVENUE			1.3 STREET ADDRESS							
ITY-ST-ZIP	SURFSIDE, FLORIDA 33		1.4 CITY-ST-ZIP		r-zip						
TILE .			☐ DELETE	2.1 TI	TLE				Change	Addition	
AME				2.2 N	AME.						
TREET ADDRESS				2.3 \$7	REET	ADDRESS					
rry-st-zip	<u> </u>			2.40	ITY-S	T-ZIP					
TLE			☐ DELETE	3.1 TI	πε				Change	Addition	
AME				3.2 N	AME	j					
TREET ADDRESS			,	3.3 S	TREET	ADDRESS					
TTY-ST-ZIP				3.4. C	ITY-S	T-ZIP					
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AME	1			4, 2 N	AME						
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ÁME	}			5.2 N	AME	l					
TREET ADDRESS					5.3 STREET ADDRESS						
aty-st-zip					5.4 CITY-ST-ZIP						
TILE DELETE				ł	6.1 TITLE				Change	Addition	
AME				6.2 N	AME	ļ					
TREET ADDRESS	3					ADDRESS					
ITY-ST-ZIP	1			6.4 C	TY-S	T-ZIP					
									4	information	

4. 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 changes, or on a stagenment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000 (305) 870-0308

Daytime Phone #

CR2E034 (11/9