

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91751 039 ***158.75

DOCUMENT # P97000007072
1. Entity Name
A & L IMEX CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6595 NW 36th STREET Suite, Apt. #, etc. # 119	3. Mailing Address 6595 NW 36th STREET Suite, Apt. #, etc. # 119
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33166	Country MIAMI-DADE

4. FEI Number 65-0727831	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BELTROY, ARTURO
Street Address (P.O. Box Number is Not Acceptable) 9233 ABBOT AVENUE
City SURFSIDE FL Zip Code 33154

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 *Arturo Beltroy* **05/09/2002**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P BELTROY, ARTURO 9233 ABBOTT AVENUE SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arturo Beltroy* **05/09/2002 (305) 870-0308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)