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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 18 1998 8:00am Secretary of State

	1998		DIVISION OF	CORDONATIONS	Scorcia	ny or state	
DOCUMENT # P97000043380 (9) CANUSMEX BROKERS INC.							
					All the second		
•	pe of Business	Maili	ng Address		The state of the s		
2635-LE JEU SUITE 905-X	NE ROAD		LE JEUNE ROAD				
	ES EL 33134		CORAL GABLES EL 33134		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 05/15/1997		
2, Principal F 21 80	Place of Business 5W 8 ST		lailing Address 80 SW	8 ST	4. FEI Number 65-0755438	Applied For Not Applicable	
Sulte, Apt. 20		S 27	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat			ity & State M i Ami	FLORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z	ip	Country	8. This corporation owes or has pai		
24 33			33130	30 USA,	Personal Property Tax due June		
4.0		ss of Current Register	ed Agent	B1 Name	10. Name and Address of New Reg	istered Agent	
AURAMUNI, LUIS							
80 SW 8TH STREET SUITE 2077					Idress (P.O. Box Number is Not Accepteble	e)	
MIAMI FL 33130							
*****	,			84 City		85 Zip Code	
						<u> </u>	
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	Signature, typed or printed name	of registered agent and title II at	oplicable. (NOT	E; Registered Agent signature re	guired when reinstating)	DATE	
12.		FICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D		☐ DELETE	1.1 TITLE		Change Addition	
NAME	DEL CASTILLO, MA			1.2 NAME			
STREET ADDRESS	2655 LE JEUNE RO			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES F	L 33134	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE NAME	DEL CASTILLO, HE	CTOR	otter	2.1 IIILE 2.2 NAME		El change El Addition	
STREET ADDRESS	2655 LE JEUNE RO			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES F			2. 4 CITY - ST - ZIP			
TITLE			DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CiTY - ST - ZIP		Change Addition	
TITLE			וון מכנכוב	4.1 TITLE		Change Addition	
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET AODRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS	1			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.

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