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PROFIT CORPORATION "ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700052381

1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90075 014 ***158.75

IMEX FI	NANCIAL CORP						NI DE LE COLOR	
<u> </u>	(0.1)	NA-W- Address				 	* 	
Principal Plac		Mailing Address			Ì	•		
100 S.E. 2ND S	STREET	100 S.E. 2ND STREET SUITE 3700						
SUITE 3700 SUITE 3700 Miami FL 33131 Miami FL 33131					DO NOT WRI	TE IN THIS SPACE		
MINIMI I E JOI'S	,	WIRWII I E GOTOT			3. Date Incorporated or Qualifed			1
					06/13/1997			1
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 65.0836	2501	Applied For	7
21		26			APPLIED FOR		Not Applicable	7
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	-			\$8.7	5 Additional	7
22	والمعارف المستواحيات	27			- 5. Certifcate of Status Desired	Fee	Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	00 May Be	7
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the curre	ent year Intangible		7
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	legistered Agent		4
				81 Name				
	GOLNICK, JOEL			82 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)		-
	S.E. 2ND STREET							_]
	TE 3700			83				
MIAIM	MI FL 33131			84 City		105 7	ip Code	4
				84 City			up code	ĺ
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove-named co	orporation submits this statement for the	purpose of changing	its registered	┨
office or r	registered agent, or both, in the State	e of Florida. Such change wa	s authorized	d by the corpora	ation's board of directors. I hereby accep	it the appointment as	s registered	1
agent La	im tamiliar with, and accept the oblid	lations of Section 607.0505.	Florida Stat	utes.				
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505,	Florida Stat	utes.				
agent. I a SIGNATURE	•	•	_		uired when reinstating)	DATE		_ ا
agent. I a	Signature, typed or printed name of registered age	gent and title if applicable. (N	OTE: Registered		uired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC		600
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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 1/2 or Block 13 if changed) or on an attachment with an address, with all other like empowered.

SIGNATURE

Carles REscuetary