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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90066 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000099986

1. Corporation Name  
COVALUX, INC.

Principal Place of Business  
3633 SW 36TH AVE  
FORT LAUDERDALE FL 33004  
US

Mailing Address  
DCOTA A-412 GRIFFLING ROAD  
DANIA FL 33004



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number  
65-0822601

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 3633 SW 30TH AVENUE

Suite, Apt. #, etc.

22 City & State  
23 FORT LAUDERDALE, FL

24 Zip 33312 Country U.S.A.

2a. Mailing Address  
26 3633 SW 30TH AVENUE

Suite, Apt. #, etc.

27 City & State  
28 FORT LAUDERDALE, FL

29 Zip 33312 Country U.S.A.

9. Name and Address of Current Registered Agent

CELESTINO PENA AND ASSOCIATES  
1000 BRICKELL AVE STE 480  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME ANTONIA ALHERICH  
STREET ADDRESS 3633 SW 30TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE T ☐ DELETE  
NAME JACOBO MORENO  
STREET ADDRESS 3633 SW 30TH AE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE S ☐ DELETE  
NAME FRANCISCO ALBINANA  
STREET ADDRESS 3633 SW 30TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME ANTONIO ALMERICH  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

954-7926543

Daytime Phone #

CR2E034 (11/98)

0570429