


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099986 (6)

1. Corporation Name
COVALUX, INC.

FILED
Sep 24, 1998 8:00 am
Secretary of State

Principal Place of Business
DCOTA A-412 GRIFFLING ROAD
DANIA FL 33004

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
65-0922601

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
3633 S.W. 30th Avenue
Suite, Apt. #, etc.
City & State
FORT LAUDERDALE
Zip
25 Country
U.S.A

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
29 Country
30

9. Name and Address of Current Registered Agent
ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA
101 MADEIRA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
CELESTINO TENA AND ASSOCIATES
82 Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVENUE, SUITE 480
83
84 City
MIAMI
85 Zip Code
FL 33131

11. Pursuant to the provisions of sections 607.0502 and 607.1008, 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 _____ PRESIDENT 8-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME ANTONIA ALHERICH 1.3 STREET ADDRESS 3633 S.W. 30th AVENUE 1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312
<input type="checkbox"/> DELETE	2.1 TITLE TREASURER 2.2 NAME JACOBO MORENO 2.3 STREET ADDRESS 3633 S.W. 30th AVENUE 2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312
<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY 3.2 NAME FRANCISCO ALBIÑANA 3.3 STREET ADDRESS 3633 S.W. 30th AVENUE 3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312
<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE: _____ SIGNATURE REQUIRED 8-24-98 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 381-6555

CR2E034 (5/98)