

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 # **P97000107329 (9)**

1. Corporation Name

FLEUBEX INTERNATIONAL, INC.

Principal Place of Business

11900 BISCAYNE BLVD. #616
N. MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD. #616
N. MIAMI FL 33181

APPROVED
AND
FILED
98 NOV 25 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

65-0813240

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

9. Name and Address of Current Registered Agent

FREEDMAN, SANFORD A ESQ
11900 BISCAYNE BLVD. #616
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name **WILLEMS, ALLARD**

82 Street Address (P.O. Box Number is Not Acceptable)
15330 S.W. 106 TERR

83 **APT. # 919**

84 City **MIAMI**

FL

85 Zip Code
33196

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

Allard Willems

Owner

ALW

11-1

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

TITLE **DP** ☐ DELETE

NAME **WILLEMS, ALLARD**
STREET ADDRESS **11900 BISCAYNE BLVD. #616**
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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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 **700002705447--0**

1.3 STREET ADDRESS **-12/08/98--01007--009**

1.4 CITY-ST-ZIP ******550.00 ****550.00**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **700002705447--0**

2.3 STREET ADDRESS **-12/08/98--01007--010**

2.4 CITY-ST-ZIP ******200.00 ****200.00**

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)(f), 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:

Allard Willems
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-98
Date

305-493-1166
Daytime Phone #

0053615

CR2E034 (5/98)