

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P 98000020017
 1. Corporation Name **IMEX PLUS, INC.**

Principal Place of Business Mailing Address
7916 NW 66 Street 7916 NW 66 Street
Miami, FL 33166 Miami, FL 33166

FILED
99 NOV 29 PM 4: 17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

99

2. Principal Place of Business 21 7916 NW 66 Street Suite, Apt #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/03/1998 03/03/1998	4. FEI Number 65-0824514 Applied <input checked="" type="checkbox"/> SP Not Applicable
22. City & State 23 Miami, Florida	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33166 Country USA	28. Zip 33166 Country USA	29. Zip 33166 Country USA	30. Zip 33166 Country USA

9. Name and Address of Current Registered Agent LUIS A. GONZALEZ 444 Brickell Ave. Suite #300 Miami, Florida	10. Name and Address of New Registered Agent 81 Name LUIS A GONZALEZ. 82 Street Address (P.O. Box Number is Not Acceptable) 7916 NW 66 Street 83 84 City Miami 85 Zip Code FL 33166
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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 607.0503, Florida Statutes.
 SIGNATURE **LUIS A. GONZALEZ** *Luís A. González* **OCT 26 - 99**
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
TITLE <input type="checkbox"/> DELETE NAME P/D STREET ADDRESS LUIS A. GONZALEZ CITY-ST-ZIP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 317 Mallard Road 1.4 CITY-ST-ZIP Weston, Florida 33327
TITLE <input type="checkbox"/> DELETE NAME V-P/D STREET ADDRESS ELENA GARCIA CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 317 Mallard Road 2.4 CITY-ST-ZIP Weston, Florida 33327
TITLE <input type="checkbox"/> DELETE NAME S/D STREET ADDRESS DAVID GONZALEZ CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 317 Mallard Road 3.4 CITY-ST-ZIP Weston, Florida 33327
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 700003064687--4 4.4 CITY-ST-ZIP -12/08/99--01067--011 ***600.00 ***600.00
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 700003064687--4 5.4 CITY-ST-ZIP -12/08/99--01067--012 ***158.75 ***158.75
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Luís A. González* **Luís A, Gonzalez** PH. (954) 217-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # FAX (954) 385-6827

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CR2E034 (1/1/98)