

DOCUMENT # P98000020017

1. Entity Name
IMEX PLUS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90084 025 ***158.75

Principal Place of Business 7916 N.W. 66TH STREET MIAMI FL 33166
Mailing Address 317 MALLARD RD WESTON FL 33327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc. DE

City & State Zip Country City & State Zip Country

4. FEI Number 65-0824514 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, LUIS A
317 MALLARD RD
WESTON FL 33327

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, LUIS A	
STREET ADDRESS	317 MALLARD ROAD	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, ELENA	
STREET ADDRESS	317 MALLARD ROAD	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, DAVID	
STREET ADDRESS	317 MALLARD ROAD	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] LUIS A GONZALEZ President. 01/01/2001 954 217 3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)