

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90033 019 ***150.00

DOCUMENT # P99000030520

1. Entity Name
AMEREX INC.



Principal Place of Business

700 E. DANIA BCH BLVD
SUITE 202
DANIA, FL 33004

Mailing Address

700 E. DANIA BCH BLVD
SUITE 202
DANIA, FL 33004

54006532



2. Principal Place of Business

2857 NE 27th Street
Suite, Apt. #, etc.

3. Mailing Address

2857 NE 27th Street
Suite, Apt. #, etc.

02092004

Chg-P

CR2E034 (10/03)

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0909281

Applied For

Not Applicable

Zip
33306

Country
USA

Zip
33306

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH BOULEVARD
SUITE 202
DANIA, FL 33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LEVALLOIS, BERNARD
700 E. DANIA BCH BLVD #202
DANIA, FL 33004

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Addition

12. 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 10 or Block 11 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

President

Date

Daytime Phone #

Feb 11.04