

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

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90020 042 \*\*\*150.00

DOCUMENT # S56106

1. Corporation Name

THE IMEX I CORP.

Principal Place of Business

1279 NE 79 CAUSWAY  
MIAMI FL 33138-3402  
US

Mailing Address

9105 N BAYSHORE DR  
MIAMI SHORES FL 33138  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1991

4. FEI Number

65-0271046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Same 1279 NE 79 Causway

2a. Mailing Address

26 Same - 9105 N Bayshore

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami

City & State

28 Miami

Zip Country

24 33138

25

Zip Country

29 33138

30

USA

9. Name and Address of Current Registered Agent

KRUCH, FRANCIS  
9105 N BAYSHORE DR  
4675 PONCE DE LEON BLVD, STE 305  
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 FRANCIS KRUCH

5.1.99  
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPTS  
NAME KRUCH, FRANCIS  
STREET ADDRESS 9105 N. BAYSHORE DR.  
CITY-ST-ZIP MIAMI SHORES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS KRUCH 5.1.99 305 7589888

Date

Daytime Phone #

CR2E034 (1/98)