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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S71101 (7)

1. Corporation Name  
GIMPEX CORP.



Principal Place of Business  
13849 SW 139TH CT  
P O BOX 830663/33283-0663  
MIAMI FL 33186  
US

Mailing Address  
6947 SW 115 PL E  
P O BOX 830663/33283-0663  
MIAMI FL 33173

3. Date Incorporated or Qualified 08/06/1991  
3a. Date of Last Report 04/20/1995

2. Principal Place of Business  
21 1553-6 Sunset Blvd  
Suite, Apt. #, etc.

22 City & State  
23 CORAL GABLES FL  
Zip 24 33143 Country 25 USA

26 Mailing Address  
27 Suite, Apt. #, etc.

28 City & State  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent

CLERIE, PATRICK R.  
6947 SW 115 PL E  
MIAMI FL 33173

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and time in applicable state. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11.1 TITLE	11.2 NAME	11.3 STREET ADDRESS	11.4 CITY - ST - ZIP
PD	CLERIE, M. JOHANNE BAKER	6947 S.W. 115TH PL. E.	MIAMI FL				
VD	CLERIE, PATRICK R	6947 S.W. 115TH PL #E	MIAMI FL				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ JOHANNE CLERIE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/26/96 (305) 668 9446

CR2E034 (12/95)