FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

S71101

(7)

DOCUMENT #

1. Corporation Name

Principal Place of Business

13849 SW 139TH CT

GIMPEX CORP.

P O BOX 830663/33283-0663

Mailing Address

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



	US						3. Date Incorporated or 1 08/06/1991	Qualified	Sa. Date)4/2 0	/1995		
2.	Principal Place of Business 1553-6 Sounset business	2a. Mailing Address			4. FEI Number 65-0284956			F	Applied For Not Applicable				
<u>.,</u>	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status E	Desired		-	75 Additional se Required		
City & State			City & State				6. Election Campaign Fa Trust Fund Contributi			\$5.00 May Be Added to Fees			
_	Zip Country	28	Zip Cou [30]		untry		8. This corporation has Florida Statutes	Yes	∑ No				
24	4 33143 25 USH 29 30 9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
	g. Halle tite Address of Carte				81	Name							
CLERIE, PATRICK R. 6947 SW 115 PL E					82 Street Address (P.O. Box Number is Not Acceptable)								
	MIAMI FL 33173				83								
					84	City			FL.	85	Zip Code		
					1			4	. 4 . 1-		the manifestanced office.		

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.

	and accept the obligations of, applicit corr.o.			DATE
Sty	patine, typed or printed have of registered agrical and time it to OFFICERS AND DIRECT		Rigidere (Apont Signaturi, required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OF FIGERS AND EARLY OF	DELETE	1 1 1 1 1 1 1	Change Addition
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IAME	6947 S.W. 115TH PL. E.		1.3 STREET ADDRESS	
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TITLE		☐ DEFEJE	6 1 THILE	Ej onange Ej vaans
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY - ST - ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. I do hereby cartify 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 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 certify that it am an officer or director of the corporation or the receiver or trusted 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:

TOHANNE CUETUE TIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3)26/96 (205) 669 946

CR2E034 (12/95)