

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S 84760 1. Corporation Name FIMEC CORPORATION			
Principal Place of Business 12360 S.W. 132 Ct. suite 210 Miami, FL 33186		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/03/1991	
22 City & State	27 City & State	4. FCI Number 65 0286644	
23 Zip	28 Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MEIRELES, RUI 12360 S.W. 132 Ct./ suite 210 Miami, FL 33186		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ (Type or print name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE PD	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	9959 N.W. 29th Street	11 TITLE ☐ Change ☐ Addition	
STREET ADDRESS	Miami, FL 33132	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
TITLE STD	SOTERO VERA L.	14 CITY-ST-ZIP	
NAME	9959 N.W. 29th Street	21 TITLE ☐ Change ☐ Addition	
STREET ADDRESS	Miami, FL 33132	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
TITLE		24 CITY-ST-ZIP	
NAME		31 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
TITLE		34 CITY-ST-ZIP	
NAME		41 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	
NAME		51 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	
NAME		61 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
TITLE		64 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.			
SIGNATURE: <i>Rui Meireles</i>		04/28/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (10/97)