2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # \$84911 Apr 24, 2000 8:00 am Secretary of State IMEX TECH, INC. 04-24-2000 90107 045 ***150.00 Principal Place of Business Mailing Address 9955 SW 153 ST 6501 NW 36TH ST MIAMI FL 33157-1677 **STE 175** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 6555 NW 36th. Street Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Applied For City & State City & State 4. FEI Number 65-0290329 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA, CARLOS A. Street Address (P.O. Box Number is Not Acceptable) 9955 SW 153RD STREET MIAMI FL 33157 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ◩ (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition Delete TITLE TITLE HERRERA, CARLOS A. NAME NAME STREET ADDRESS 9955 SW 153RD STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE HERRERA, CARLOS E. NAME STREET ADDRESS STREET ADDRESS 9955 SW 153 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 it 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #