

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:38

DOCUMENT # S88474 (9)

1. Corporation Name
CORPO-MEX, INC.

Principal Place of Business
MARK S. GALLEGOS, ESQUIRE
ONE SE THIRD AVE., #1440
MIAMI FL 33131

Mailing Address
MARK S. GALLEGOS, ESQUIRE
ONE SE THIRD AVE., #1440
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/21/1991
3a. Date of Last Report 08/25/1994
4. FEI Number 65-0454335
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent

GALLEGOS, MARK S ESQUIRE
ONE SE THIRD AVE., #1440
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS
TITLE PTD
NAME GALLEGOS, ARMANDO
STREET ADDRESS 10128 NW 80TH AVE.
CITY- ST- ZIP MIAMI FL 33016
TITLE V
NAME GALLEGOS, SOILA
STREET ADDRESS 10128 NW 80TH AVE.
CITY- ST- ZIP MIAMI FL 33016
TITLE VD
NAME GOOSBY, DORFY DR.
STREET ADDRESS 151 NW 11 ST.
CITY- ST- ZIP HOMESTEAD FL 33030
TITLE SD
NAME GARZA, CIPRIANO
STREET ADDRESS 101 NE 19 ST.
CITY- ST- ZIP HOMESTEAD FL 33030
TITLE ASD
NAME DE LEON, ARTURO
STREET ADDRESS 25700 SW 212 AVE.
CITY- ST- ZIP HOMESTEAD FL 33031

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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

[Signature] 1/30/95 248,7698
305