

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90138 017 ***150.00

DOCUMENT # S88474

1. Corporation Name
CORPO-MEX, INC.

Principal Place of Business

MARK S. GALLEGOS, ESQUIRE

5201 BLUE LAGOON DR.
SUITE 100 MIAMI FL 33126

Mailing Address

MARK S. GALLEGOS, ESQUIRE

5201 BLUE LAGOON DRIVE
SUITE 100 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1991

4. FEI Number

65-0454335

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLEGOS, MARK S

5201 BLUE LAGOON DRIVE SUITE 100

MIAMI FL 33126

5201 BLUE LAGOON DRIVE SUITE 100
MIAMI FL 33126

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTP ☐ DELETE

NAME GALLEGOS, ARMANDO
STREET ADDRESS 10128 NW 80TH AVE.
CITY-ST-ZIP MIAMI FL 33016

TITLE V ☐ DELETE

NAME GALLEGOS, SOILA
STREET ADDRESS 10128 NW 80TH AVE.
CITY-ST-ZIP MIAMI FL 33016

TITLE VD ☐ DELETE

NAME GOOSBY, DORSY DR.
STREET ADDRESS 151 NW 11 ST.
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE SD ☐ DELETE

NAME GARZA, CIPRIANO
STREET ADDRESS 101 NE 19 ST.
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ASD ☐ DELETE

NAME DE LEON, ARTURO
STREET ADDRESS 25700 SW 212 AVE.
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, with an officer or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)