

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V12764 (9)

1. Corporation Name

LIMEX INTERNATIONAL CORP.

Principal Place of Business

3901 NW 77 AVE
MIAMI FL 33166
US

Mailing Address

1260 100 ST
BAY HARBOR FL 33154
US

FILED
95 JUL 25 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1992 3a. Date of Last Report 06/16/1994

4. FEI Number 65-0313056 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 9520 E. BROADVIEW DR Suite, Apt. #, etc.

22 City & State BAY HARBOR, FL.

23 Zip 33154 24 Country USA

25 26 9520 E. BROADVIEW DR Suite, Apt. #, etc.

27 City & State BAY HARBOR, FL.

28 Zip 33154 29 Country USA

30 9. Name and Address of Current Registered Agent

IASLOUTTS, LAUREN
1260 100 ST
SUITE 104
BAY HARBOR FL 33154

10. Name and Address of New Registered Agent

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 DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD
1.2 NAME IASLOVITS, MICHAEL
1.3 STREET ADDRESS 1260-100TH ST
1.4 CITY, ST, ZIP BAY HARBOR FL

2.1 TITLE VD
2.2 NAME IASLOVITS, LAUREN
2.3 STREET ADDRESS 1260-100TH ST
2.4 CITY, ST, ZIP BAY HARBOR FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY, ST, ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY, ST, ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY, ST, ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY, ST, ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(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 liquidator 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 any amendments with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/95

1305 Rpt-0303