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Jan 21 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 # V12764 (9)
1. Corporation Name
LIMEX INTERNATIONAL CORP.

Principal Place of Business Mailing Address
9520 E BROADVIEW DR 9520 E BROADVIEW DR
BAY HARBOR FL 33154 BAY HARBOR FL 33154
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7220 NW 36 ST		26		02/10/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 027		27		65-0313056	
City & State		City & State		Applied For	
23 MIAMI, FL		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33166		25 USA		29	
Country		Country		30	
26		27		28	
29		30		31	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IASLOUTTS, LAUREN 1280 100 ST SUITE 104 BAY HARBOR FL 33154		81 Name LAUREN IASLOUTTS 82 Street Address (P.O. Box Number is Not Acceptable) 9520 E. BROADVIEW DR 83 84 City BAY HARBOR FL FL 85 Zip Code 33154	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	IASLOVITS, MICHAEL	1.2 NAME	MI
STREET ADDRESS	9520 E BROADVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	IASLOVITS, LAUREN	2.2 NAME	
STREET ADDRESS	9520 E BROADVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ 1/31/98 205-668-8226

CR2E034 (10/97)