## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# V24923

Entity Name: RIMEX, INC.

City-St-Zip:

MIAMI, FL

FILED Apr 01, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21120 NE 24 CT US MIAMI, FL 33180 **Current Mailing Address: New Mailing Address:** 21120 NE 24 CT MIAMI, FL 33160 US FEI Number: 65-0325277 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVA, MARCELO 21120 NE 24 CT MIAMI, FL 33180 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RIVA, MARCELO, Name: Name: 21120 NE 24 CT Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: () Change () Addition () Delete RIVA, SERGIO M., Name: Name: 21120 NE 24 CT Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SCARANO, ADOLFO H., Name: Name: 21120 NE 24 CT Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition SCARANO, VIVIANA M., Name: Name: Address: 21120 NE 24 CT Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SCARANO, VIVIANA M. D 04/01/2003