FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V44749 (2)

1. Corporation Name

UNIMPEX INTERNATIONAL CORP.

Principal Place of Business

~~9805 N.W. 52ND STREET~~
~~201~~
~~MIAMI FL 33126~~
US

Mailing Address

~~9805 N.W. 52ND STREET~~
~~201~~
~~MIAMI FL 33126~~
US

2. Principal Place of Business
21 UNIMPEX INT. CORP
Suite, Apt. #, etc
22 7223 N.W. 43 Street
City & State
23 Miami, Florida
Zip
24 33166
Country
25

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27 same
City & State
28 same
Zip
29
Country
30

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 02/28/1995
4. FEI Number: 52-1786531 ☐ 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

9. **Name and Address of Current Registered Agent**

~~WAINBERG, SALOMON~~
~~2121 PONCE DE LEON BOULEVARD~~
~~SUITE 1100~~
~~CORAL GABLES FL 33134~~

10. **Name and Address of New Registered Agent**
81 Name: DAVID MERMELL
82 Street Address (P.O. Box Number is Not Acceptable): 9200 South Dadeland Blvd. #700
83
84 City: Miami FL
85 Zip Code: 33156

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]
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	DP	XX DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAUSCHEL, SIEGLINDE M		1.2 NAME		
STREET ADDRESS	9805 N.W. 52ND STREET, SUITE 201		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DVPS	☐ DELETE	2.1 TITLE	DPS	X Change ☐ Addition
NAME	HERCOVICH K, EDUARDO M		2.2 NAME	HERCOVICH K. EDUARDO M	
STREET ADDRESS	SAN CRESENTE 208		2.3 STREET ADDRESS	San Cresent 208	
CITY-ST-ZIP	SANTIAGO, CHILE		2.4 CITY-ST-ZIP	Santiago, Chile	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	300001896083	☐ Change ☐ Addition
NAME			6.2 NAME	-07/17/96--01024--018	
STREET ADDRESS			6.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			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)(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: [signature] 4/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone #

CS 5/1/96

CR2E034 (12/95)