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

PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06 1998 8:00am

1998 Secretary		Secretary of State)
DOCUMENT # V54680 (6) IMEXCO TRADING, INC.		ı kasılı andalı anın aydır anın dağır anın seri anın seri seri anın anın anın anın anın anın anın anı	I
Principal Place of Business Mailing Address		14811 51001 9111 91818 51151 1914 6911 91811 51814 91811 91811 81814 91811	,
5646 HAWKS BLUFF-AVE- 11401 BISCAYNE BLVD			
- DAVIE-F1: 80801 - MIAMI FL 33181 US		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified	
		07/31/1992	
2. Principal Place of Business 21 9200 5. Dadeland Blvd 26		4. FEI Number Applied Fo 65-0348840 Not Applie	
Suite, Apt. #, etc. Suite, Apt. #, etc.		SR 75 Additions	
22 Su. k 4/2 27		5. Certificate of Status Desired Fee Required	"
City & State City & State City & State 28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible	
	30	Personal Property Tax due June 30. XX Yes No	
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
THOMPSON, PATRICIA A.		BARRY BOREN	
5040 HAWKO BLUFF-AVENUE- DAVIE-FL-00031-	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
DAVIE I C 0000T	63	· · · · · · · · · · · · · · · · · · ·	$\neg 1$
	84 City	Suite 412	
		Mian: FL 85 33/36	·
 Pursuant to the provision of Sections 697-6502 and 607.1508, Florida Statute office or regimered agont, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the purgations of, Section 607.0505, Florida. 	s, the above-named c	orporation submits this statement for the purpose of changing its register	red
		water a coard of directors. The by accept the appointment as registers	"
SIGNATURE Signaline typidd or pergent harred of to the beat according table II gryphe at the (NOTE	Registered Agent signature re	equired when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\neg \neg$
TITLE D DELETE	1.1 TITLE	D	dition
NAME THOMPSON, LEONARD		Thompson, Leonard	[
STREET ADDRESS 5640 HAWKS BLUFF AVE	1.3 STREET ADDRESS	c/o Law Off. Barry Boren	
CITY-ST-ZIP DAVIE FL	1.4 CITY - ST - ZIP	9200 S. Dadeland Blvd. #412	100
TITLE DELETE		Miami, FL 33156	IIIION
NAME STREET ADDRESS	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		- 1
TITLE DELETE	3.1 TITLE	Change Ado	dition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Ado	dition
CITY-ST-ZIP TITLE NAME	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	Change Add	lition
CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Change Add	noifit
CITY-ST-ZIP TITLE NAME	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	☐ Change ☐ Ado	:
CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		:
CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE DELETE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		:
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	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	☐ Change ☐ Ado	noitit
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE	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		noitit
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE	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	☐ Change ☐ Ado	noitit
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE	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	☐ Change ☐ Ado	noitit

indicated on this armuel 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 ar officer or director of the corporation or the receiver or trusted 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 additional will an address.

のでは、100mmの

4/1/98

(305) 670-2200