

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000010968

Entity Name: AMAVEX INC.

Current Principal Place of Business:

3900 NW 79TH AVE
SUITE 488
DORAL, FL 33166

Current Mailing Address:

3900 NW 79TH AVE
SUITE 488
DORAL, FL 33166 US

FEI Number: 46-5702843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUVE 3 FINANCIAL SOLUTIONS LLC
3900 NW 79TH AVE
SUITE 488
DORAL, FL 33166 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: JANI MENDEZ

06/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VILLALONGA, HELENE M
Address 947 SW 143TH TERR
City-State-Zip: PEMBROKE PINES FL 33027

Title VP
Name CORREA-VILLALONGAS, ROSSIE A
Address 3900 NW 79TH AVE
SUITE 488
City-State-Zip: DORAL FL 33166

Title S
Name SOTO, NERVA
Address 947 SW 143TH TERR
City-State-Zip: PEMBROKE PINES FL 33027

Title T
Name MENDEZ, JANITZA D
Address 3900 NW 79TH AVE
SUITE 488
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name CHACON, NANCY
Address 3900 NW 79TH AVE
SUITE 488
City-State-Zip: DORAL FL 33166

Title VP
Name VILLALONGA, INGHEL
Address 2001 NW 96TH TERR APT J
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name CARRILLO-ZERPA, MARIANELA
Address 3900 NW 79TH AVE
SUITE 488
City-State-Zip: DORAL FL 33166

Title VP
Name ALCALA, SORAYA
Address 3900 NW 79TH AVE
SUITE 488
City-State-Zip: DORAL FL 33166

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HELENE VILLALONGAS

PRESIDENT

06/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SALCEDO, KARYM
Address 3900 NW 79TH AVE
 SUITE 488
City-State-Zip: DORAL FL 33166