

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010968

Entity Name: AMAVEX INC.

Current Principal Place of Business:

11600 SW 12TH STREET
PEMBROKE PINES, FL 33025

Current Mailing Address:

2900 GLADES CIRCLE
650
WESTON, FL 33327

FEI Number: 46-5702843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMACHO, ELOINA R
9071 PLYMOUTH PL
TAMARAC, FL 33321 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

Officer/Director Detail :

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

Title VP
Name CAMACHO, ELSY F
Address 1865 MARINERS LN
City-State-Zip: WESTON FL 33327

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

Title T
Name CAMACHO, ELOINA R
Address 947 SW 143TH TERR.
City-State-Zip: PEMBROKE PINES FL 33027

Title SECRETARY
Name FANEITE, ALICIA
Address 13830 SW 112TH STREET APT 205
City-State-Zip: MIAMI FL 33186

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

Title DIRECTOR
Name FRANKLIN , MARIA EUGENIA
Address 11600 SW 12TH STREET
City-State-Zip: PEMBROKE PINES FL 33025

Title DIRECTOR
Name SCHOLTZ, MATTY
Address 11600 SW 12TH STREET
City-State-Zip: PEMBROKE PINES FL 33025

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: ELOINA CAMACHO

REGISTERED

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date