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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

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



DOCUMENT # **660117** (3)  
1. Corporation Name  
**EXIN CORPORATION**

Principal Place of Business Mailing Address  
12205 SW 129 CT 8002 SW 149 AVE  
P.O. BOX 650002 B-210  
MIAMI FL 33186 MIAMI FL 33183  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/19/1980 01/27/1994  
4. FEI Number Applied For  
59-2567002 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing  \$5.00 May Be Added to Fees  
Trust Fund Contribution  
7. This corporation has liability for intangible tax under S. 199.032.  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
MARTINEZ, MARTHA  
8002 S.W. 149 AVE., #B210  
MIAMI FL 33183

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (Print Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARTHA	1.2 NAME	
STREET ADDRESS	8002 S.W. 149 AVE. B210	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIMON, SERGE	2.2 NAME	
STREET ADDRESS	8002 S.W. 149 AVE. B210	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	2.4 CITY, ST, ZIP	
TITLE	TS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, CESAR	3.2 NAME	
STREET ADDRESS	8002 S.W. 149 AVE. B210	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LOS RIOS, AUGUSTO	4.2 NAME	
STREET ADDRESS	8002 S.W. 149 AVE. B210	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information included on this annual report is supplied and that the 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 registered agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report if checked for or an agent of the corporation.

SIGNATURE: *[Handwritten Signature]*  
\_\_\_\_\_  
SECRETARY OF STATE

04-22/95 305-386-3358  
Date (day/month/year) (Telephone Number)