

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **660117** (3)

1. Corporation Name
EXIN CORPORATION



Principal Place of Business Mailing Address
12205 SW 129 CT
P.O. BOX 650002
MIAMI FL 33186
US

~~8002 SW 149 AVE~~
~~B-210~~
~~MIAMI FL 33193~~
~~US~~

3. Date Incorporated or Qualified **03/19/1980** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2567002** 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

2. Principal Place of Business 2a. Mailing Address
21 **543 NW 159 AVE** 26 **543 NW 159 AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **PEMBROKE PINES, FL** 28 **PEMBROKE PINES FL**
Zip Zip Country Country
24 **33028** 25 **DADE** 29 **33028** 30 **DADE**

9. Name and Address of Current Registered Agent
~~MARTINEZ, MARTHA~~
~~8002 S.W. 149 AVE., #B210~~
~~MIAMI FL 33193~~

10. Name and Address of New Registered Agent
81 Name **LEON SILVA**
82 Street Address (P.O. Box Number is Not Acceptable) **543 NW 159 AVE**
83
84 City **PEMBROKE PINES** FL 85 Zip Code **33028**

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 is 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 *Leon Silva* **PRESIDENT** DATE **5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	MARTINEZ, MARTHA	<input checked="" type="checkbox"/> DELETE
NAME	8002 S.W. 149 AVE. B210	
STREET ADDRESS	MIAMI FL 33193	
CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLIMON, SERGE	
STREET ADDRESS	8002 S.W. 149 AVE. B210	
CITY - ST - ZIP	MIAMI FL 33193	
TITLE	SILVA, CECILIA	<input checked="" type="checkbox"/> DELETE
NAME	8002 S.W. 149 AVE. B210	
STREET ADDRESS	MIAMI FL 33193	
CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	DE LOS RIOS, AUGUSTO	
STREET ADDRESS	8002 S.W. 149 AVE. B210	
CITY - ST - ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, TREAS, SECRET.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEON SILVA	
1.3 STREET ADDRESS	543 NW 159 AVE	
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLIMON SERGE	
2.3 STREET ADDRESS	543 NW 159 AVE	
2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	543 NW 159 AVE	
3.3 STREET ADDRESS	PEMBROKE PINES, FL 33028	
3.4 CITY - ST - ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AUGUSTO DE LOS RIOS	
4.3 STREET ADDRESS	8000 SW 149 AVE. #A-207	
4.4 CITY - ST - ZIP	MIAMI, FL 33193	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 appointed 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: *Leon Silva* DATE: **5/1/96** (305) 437-6694

CR2E034 (12/95)