


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 OCT -2 AM 8:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


DOCUMENT # 660117 (3)

1. Corporation Name
EXIN CORPORATION

Principal Place of Business 543 NW 159 AVE PEMBROKE PINES FL 33028 US	Mailing Address 543 NW 159 AVE PEMBROKE PINES FL 33028 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2567002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12205 S.W. 129 CT	2a. Mailing Address 26 543 NW 159 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLA	City & State 28 PEMBROKE PINES
Zip 24 33186	Country 25 U.S.A.
Zip 29 33028	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

SILVA, LEON
543 NW 159 AVE
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81 Name SILVA CESAR
82 Street Address (P.O. Box Number is Not Acceptable) 543 N.W. 159 AVE
83 PEMBROKE PINES
84 City PEMBROKE PINES
85 Zip Code FL 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 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 Cesar Silva DATE 9/29/97

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PTS	<input checked="" type="checkbox"/> DELETE
NAME SILVA, LEON	
STREET ADDRESS 543 NW 159 AVE	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE V	<input type="checkbox"/> DELETE
NAME COLIMON, SERGE	
STREET ADDRESS 543 NW 159 AVE	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE V	<input type="checkbox"/> DELETE
NAME DELOSRIOS, AUGUSTO	
STREET ADDRESS 8000 SW 149 AVE. #A207	
CITY-ST-ZIP MIAMI FL	
TITLE T	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ACUÑA LUIS EDUARDO	
1.3 STREET ADDRESS 543 N.W.159 AVE	
1.4 CITY-ST-ZIP PEMBROKE PINES FL	
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME COLIMON SERGIO	
2.3 STREET ADDRESS 543 N.W.159 AVE	
2.4 CITY-ST-ZIP PEMBROKE PINES FL	
3.1 TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DE LOS RIOS AUGUSTO	
3.3 STREET ADDRESS 543 N.W. 159 AVE.	
3.4 CITY-ST-ZIP PEMBROKE PINES FL	
4.1 TITLE VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME SILVA CESAR	
4.3 STREET ADDRESS 543 N.W. 159 AVE.	
4.4 CITY-ST-ZIP PEMBROKE, PINES FL	
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	

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******550.00 ****550.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 attachment with an address.

SIGNATURE: Sandra B. Mortham DATE: 9/29/97

CR2E034 (4/97)