FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 486135 (7)

1. Corporation Name
EXIM INTERNATIONAL, INC.

Principal Place of Business: 5220 NW 72ND AVE., F-22, MIAMI FL 33166

Mailing Address: 5220 NW 72ND AVE., F-22, MIAMI FL 33166

APPROVED ... 95 ... 1:01 ... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1975
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
2a. Mailing Address
21 | 26
Suite, Apt. # etc.
22 | 27
City & State
23 | 28
Zip | Country
24 | 25 | 29 | 30

4. FEI Number: 59-1678026 — [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHIRDARIS, GEORGE
2 EAST SUNRISE AVE
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIRDARIS, GEORGE
STREET ADDRESS	2 EAST SUNRISE AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VP
NAME	CHIDARIS, NICHOLAS
STREET ADDRESS	19 WEST SUNRISE AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	ST
NAME	PAEZ, EDUARDO
STREET ADDRESS	13950 SW 71 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition (six blank entries: TITLE, NAME, STREET ADDRESS, 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)(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: EDUARDO PAEZ — 04-28-95 — (305) 591 8554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103743 CP