FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



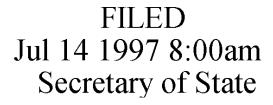
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 486135

(7)



EXIM INTERNATIONAL, INC. Principal Place of Business Mailing Address 5220 NW 72ND AVE., F-22 MIAMI FL 33166 MIAMI FL 33166-4858					
				3. Date Incorporated or Qualified 09/29/1975	3a. Date of Last Report 06/25/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-1678026	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip 24	Country 25	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	
	9. Name and Address of Currer			10. Name and Address of New Re	
2 E/	rdaris, george Ast Sunrise ave Pal gables fl 33133		82 Street Add 83 84 City	ross (P.O. Box Number is Not Acceptat	FL 85 Zip Code
SIGNATURE	Signature, typnd or printed hance of registered age	ex and the Tappheable (NC	711 Hugistered Agent signature requi		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change
name Street address	CHIRDARIS, GEORGE 2 EAST SUNRISE AVE	ي مادد اد	1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS	9	T Overlås T Voorinou
CITY-ST-ZIP TITLE	CORAL GABLES FL	DELETE	1.4 CHY-ST-73P 2.1 THE		Change Addition
name Street address	CHIDARIS, NICHOLAS 19 WEST SUNRISE AVE CORAL GABLES FL		2.2 NAME 2.3 STREET ADDRESS	C .	Colongo Cy Addition
CITY-ST-ZIP TITLE	ST ST	DELE1E	2. 4 CITY - \$1 - ZIP 3.1 TITLE		Change Addition
name Street address	PAEZ, EDUARDO 13950 SW 71 LANE		32 NAME 33 STREEL ADDRESS		- · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	MIAMI FL	- December	3 4. C/11Y - S1 - 7/P		
NAME		DELETE	4.1 TILLE 4. 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CH Y - S1 - 7 IP		
TITLE NAME		☐ DELETE	5.1 THLF 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP		
TITLE NAME		DELETE	G 1 TITLE 62 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			63 STREET ADDRESS 64 City - St - 74P		

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emporated 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 each attachment with an address.

07-09-97 (305) 591 8554