FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90096 007 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 486135

1. Corporation Name

EXIM INTERNATIONAL, INC.

Principal Place of Business Mailing Address								((88 (() 8188) 161(2 81(3) 11468 11(01 0111 01011 4	AN AME	81411 81 1		
5220 NW 72ND AVE F-22 MIAMI FL 33166			5220 NW 72ND AVE F-22 MIAMI FL 33166					DO NOT WRIT	F IN THIS	SPACE	=		
							-	3. Date Incorporated or Qualifed					
			•				ļ	09/29/1975					
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	Applied For				
21 26				•				59-1678026		Not	Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						П	\$8.	75 Ac	ditional	
22			27					5. Certificate of Status Desired	<u> </u>	,Fe	e Req	uired	
City & State			City & State					6. Election Campaign Financing		\$5	.00 M	lay Be	
23			28					Trust Fund Contribution Added to Fees					
Zip Country			Zip Country					8. This corporation owes the current year Intangible					
24	25 29			30				Personal Property Tax.					
	9. Name and Address of Curren	t Regis	tered Agent			1	-	10. Name and Address of New R	egistered .	Age <u>nt</u>			
01.115	DARIO OFOROE				81	Name							
CHIRDARIS, GEORGE					82	Street Ad	idress	(P.O. Box Number is Not Accepta	ble)				
2 EAST SUNRISE AVE													
CORAL GABLES FL 33133				83									
					84	City				85	Zip Co	ode	
						ĺ			<u> FL</u>				
11. Pursuant t	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	s, the al	OOVE	e-named co	orpora	tion submits this statement for the p	ourpose of	changir Itment	ng its re as regi	egistered stered	
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 register agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	, ,											\	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere						nt signature requ	uired wh		DATE				
12.					13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRE	_	S IN 12	
TITLE	P		☐ DELETE	1.1 ΤΠ							1112ម	L Addition	
NAME	CHIRDARIS, GEORGE			1.2 NA								,	
STREET ADDRESS				1.3 STREET ADDRESS								1	
CITY-ST-ZIP	CORAL GABLES FL		_	1.4 CITY-ST-ZIP					☐ Cha	2000	Addition		
TITLE	•			2.1 TITLE						nige	L. AGGIGOTI		
NAME				2.2 NAME							1		
STREET ADDRESS	19 WEST SUNRISE AVE			2.3 STREET ADDRESS								Į.	
CITY-ST-ZIP -	CORAL GABLES FL -			2.4 CITY-ST-ZIP				• • • • • • • • • • • • • • • • • • • •	rii ch		Addition		
TITLE	•.			3.1 TITLE					□ Ch	ange	- Addition		
NAME	11121		3.2 NA	3.2 NAME									
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS									
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP							Addition		
TITLE				I.1 TITLE					□ Ch	ange	Audibbit		
NAME			4. 2 NAME										
STREET ADDRESS				I.3 STREET ADDRESS									
CITY-ST-ZIP			_	Y-ST-ZIP									
TITLE	DELETE 5.17					•		□ Ch	ange	☐ Addition			
NAME				5.2 NA				•					
STREET ADDRESS						TADDRESS							
CITY-ST-ZIP	[T] DELETE			5.4 CI		T-ZIP	· · · · · · · · · · · · · · · · · · ·						
<u></u>			6.1 TIT				•		□ Ch	ange	Addition		
NAME				6.2 NA	ME							1	

14. I 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 suppliemental 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 truetee 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CONTROL PAEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-99

Date

(305) 591 8554