
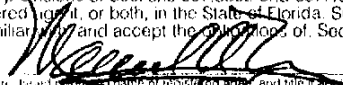
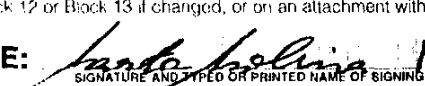


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F48885 (0)</b>			
1. Corporation Name <b>EXPOMAR TRADING CORPORATION</b>			
Principal Place of Business <b>8280 NW 27 ST STE 603 MIAMI FL 33122 US</b>		Mailing Address <b>8280 NW 27 ST STE 603 MIAMI FL 33122-1807 US</b>	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>10/28/1981</b>	
2a. Mailing Address		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		4. FEI Number <b>59-2196481</b>	
22 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26		27	
28		29	
30		31	
g. Name and Address of Current Registered Agent <b>CHANDLER, JAMES H BENDER, BENDER, &amp; CHANDLER-PA 5915 PONCE DE LEON BLVD. CORAL GABLES FL 33146</b>		10. Name and Address of New Registered Agent	
81 Name <b>MANUEL A. MESA</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>MESA, RODRIGUEZ &amp; MACHADO, P.A. 1000 BRICKELL AVENUE, SUITE #660</b>	
83 City <b>MIAMI</b>		84 Zip Code <b>FL 33131-3014</b>	
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 provisions of Section 607.0505, Florida Statutes.			
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.		DATE <b>3/27/97</b> (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PDT MOLINA, NESTOR 10526 S.W.89 PL. MIAMI FL</b>		1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VDS MOLINA, MARTA 10526 S.W.89 PL. MIAMI FL</b>		2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V MARTINEZ, ORLANDO F. 13700 S.W.82 ST. MIAMI FL</b>		3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>03/31/97</b> 0182390	

CR2E034 (9/96)