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 # F87052

(9)

CORAL GABLES FL 33134-5814

EXPACO, INC.

Principal Place of Business

9010 8W 137 AVENUE SUITE 119 MIAMI FL 33186

		1	•

Mailing Address 2655 LEJEUNE RD.

FILED May 06 1997 8:00am Secretary of State

US					 Date Incorporated or Qualified 05/20/1982 	3a. Date of Last Report 05/01/1996	
8 Principal P	lace of Businese	2a. Mailing Address			4. FEI Number		<u></u>
2. Principal Place of Business					59-2207434	Applied Not App	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite Apt # etc		30 2201707	CO 75 1400	
22	, 00.	27			5. Certificate of Status Desired	Fee Required	
City & State)	City & State			6. Election Campaign Financing	\$5.00 May (Be
23		28			Trust Fund Contribution	Added to Fee	
Zip	Country	Zip	Country		8. This corporation has liability for i		032,
24	25	29	30		Florida Statutes	Yes No	
	g. Name and Address of Cu	rrent Registered Agent		.,,,	10. Name and Address of New Re	gistered Agent	
	es, lester G., eso.		81	Name			
	7 S.W. 27TH AVENUE		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
MIAI	VII FL 33145			265	5 Leieune Rd	<u>ý</u>	
• .			83	Sur	ite 807		ľ
			84	CHY CX	al Cables	FL 85 Zip Code	4
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Statut	es. the above	-named cor	poration submits this statement for the p	urpose of changing its regi	stered
office or re	egistered agent, or both, in the S m familiar with, an ⊠scend the o	itate of Florida. Such change was a bligations of Section 607 0505. Flo	authorized by orida Statutes	the corpora	ation's board of directors. I hereby accep	t the appointment as regist	cred
SIGNATURE	MILLER	X) Class of			4-1	7-97	
SIGNATORE	Signature yppocertrote i give of replaced	diagent and algory as well	C: Registored Agen	ıl signature requ	rired when teinstating)	DATE	
12.		AND DIRECTORS	<i>D</i> 13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE			Change	Addition §
NAME	GONZALEZ, MANUEL		1.2 NAME				5
STREET ADDRESS	9010 SW 137 AVE \$119		1.3 STREET A	ADDRESS			្ត្រី
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST	- 71P			§
TITLE	VD	DELETE	2.1 TITLE			Change	Addition C
NAME	GONZALEZ, GLADYS		2.2 NAME				
STREET ADDRESS	9010 SW 137 AVE S119		2.3 STREET A	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST	T-ZIP		Page A.	
TITLE	CONTAINT MARIA :	☐ DELETE	3.1 TITLE	İ	S/T	Change	Addition
NAME	GONZALEZ, MARIA L.		3.2 NAME]
STREET ADDRESS	9010 SW 137 AVE \$119		3.3 STREET A	ADDRESS			į
CITY-ST-ZIP	MIAMI FL	L lor exe	3 4. CiTY-S	I - ZIP			
TITLE		DELETE	4.1 FITLE			Change .	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET A				
CITY-ST-ZIP		DELCH	4.4 CITY-ST	- ZIP			A 1 100
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A				Ī
CITY-ST-ZIP		T BELETE	54 CITY-SI	-ZIP			N. d. de Co
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME .			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 ÇITY - S1	- ZIP			

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 an antachment with an address.