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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

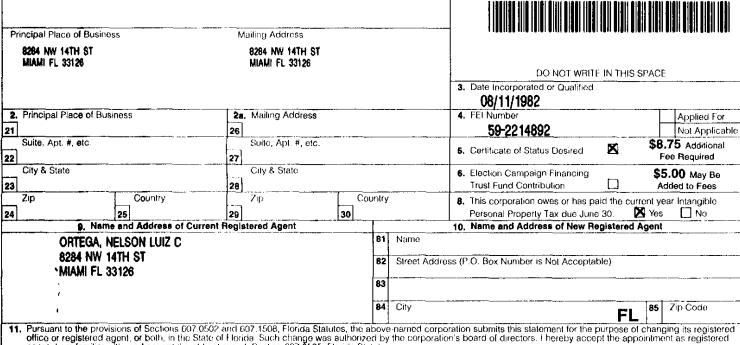
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(2)

EXPASA FLORIDA, INC.

Principal Place of Business	Mailing Address	
8284 NW 14TH ST	8284 NW 14TH ST	
MIAMI FL 33126	MIAMI FL 33126	

FILED Feb 06 1998 8:00am Secretary of State



office or re	o the provisions of Sections 607.0502 and 60 gistered agent, or both, in the State of Floric n familiar with, and accept the obligations of	ła. Such change was :	authorized by the corpora	poration submits this statement for tion's board of directors. Thereby	or the purpose of changing y accept the appointment a	its registered s registered
SIGNATURE	Signature, typed or punied many of tensions and paid and paid	d must him. ALCO	Hegistored Agent signature requi	industry rejectivity	DATE	
12.	OFFICERS AND DIREC		13.		OFFICERS AND DIRECTO	IRS IN 12
TITLE	PST	DELETE	1.1 TITLE		☐ Change	
NAME	ORTEGA, NELSON LUIZ C		1.2 NAME			
STREET ADDRESS	8284 NW 14TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CHTY- S1 - ZIP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY- S1- 7IP			
TITLE		☐ DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	`		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 1 TLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	ermane.	4255 Change	Addition
NAME			6 2 NAME	-02/10/98	™ 6•	PE.
STREET ADDRESS			63 STREET ADDRESS	***158.75	01049 005	2.6
CITY-ST-ZIP			SACITY ST. 7IP	4-4-4-10-10		UV

14. Thereby certify that the information supplied with this filing ones no indicated on this annual report or supplemental annual proof is true officer or director of the corporation of the receiver or trusted empellion to the receiver or trusted empelliock 12 or Block 13 if changing or of an attachment with an additional proof of the pro I quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accorded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

305-694-4353