FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78290 (8)

1. Corporation Name
EXP ALFA, INC.

Principal Place of Business
7370 NW 36 ST
SUITE 415 B
MIAMI FL 33166

Mailing Address
7370 NW 36 ST
SUITE 415 B
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1990
3a. Date of Last Report: 08/31/1994

2. Principal Place of Business [21]
2a. Mailing Address [26]
Suite, Apt. #, etc. [22] [27]
City & State [23] [28]
Zip [24] Country [25] Zip [29] Country [30]

4. FEI Number: 65-0198400 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALDARRIAGA, RICARDO
7401 S.W. 82ND STREET
SUITE 210 SOUTH
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1 TITLE	☐ Change ☐ Addition
NAME	SALDARRIAGA, RICARDO	1 NAME	
STREET ADDRESS	7401 S.W. 82ND ST. S-210	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	SALDARRIAGA, RICARDO	2 NAME	
STREET ADDRESS	7401 S.W. 82ND ST. S-210	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ricardo Saldarriaga 5/1/95 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0190727 CP

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1995

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Secretary of State

APPROVED AND FILED

DOCUMENT # **L78445** **(8)**

1. Entity Name
HAROLD T. BISTLINE, P.A.

Principal Place of Business	Mailing Address
1970 MICHIGAN AVE PO BOX 8248 COCOA FL 32724	1970 MICHIGAN AVE. PO BOX 8248 COCOA FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1990**
3a. Date of Last Report: **03/09/1994**

21	26	
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.	
22	27	
City & State	City & State	
23	28	
Zip / County	Zip / County	
24 32924-8248 25	29 32924-8248 30	

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: **59-3013556** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has elected to be governed by Chapter 607 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BISTLINE, HAROLD T. BUILDING E 1970 MICHIGAN AVE. COCOA FL 32922	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Office/Registered Agent, the Registered Agent must sign) (If changing Registered Agent, a new Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Y/N)	
31 Title	DP	31 Title	☐ Change ☐ Addition
32 Name	BISTLINE, HAROLD T.	32 Name	
33 Street Address	1970 MICHIGAN AVE.	33 Street Address	
34 City-St-Zip	COCOA FL	34 City-St-Zip	
35 Title		35 Title	☐ Change ☐ Addition
36 Name		36 Name	
37 Street Address		37 Street Address	
38 City-St-Zip		38 City-St-Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City-St-Zip		42 City-St-Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City-St-Zip		46 City-St-Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City-St-Zip		50 City-St-Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City-St-Zip		54 City-St-Zip	
55 Title		55 Title	☐ Change ☐ Addition
56 Name		56 Name	
57 Street Address		57 Street Address	
58 City-St-Zip		58 City-St-Zip	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 1, 12 or Block 13 if changed or added to the document with my address.

SIGNATURE: Harold T. Bistline 5/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Typed Name

0430276 FP