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 -1 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M82495** **(6)**

1. Corporation Name
EXCIM LIMITADA CORP.

Principal Place of Business	Mailing Address
20237 NE 16TH PL MIAMI FL 33179	20237 NE 16TH PL MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1988**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **65-0139232** ☐ Applied For ☐ Not Applicable
Suite Apt. #, etc. 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / Country 25 / Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
USHER, BRYN 2875 NE 191 ST, STE 802 N MIAMI BCH FL 33180	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 Section 607.0202 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: HUGO FRIEDBERG, VP — 04/27/95
(If changing registered agent, registered agent must sign above.) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FRIEDBERG, MICHAEL	12 NAME	
STREET ADDRESS	20237 N.E. 16TH PLACE	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BCH. FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FRIEDBERG, HUGO	22 NAME	
STREET ADDRESS	20237 N.E. 16TH PLACE	23 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	FRIEDEBERG, MARISA O	32 NAME	
STREET ADDRESS	2811 NE 164TH STREET	33 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: HUGO FRIEDBERG — 4/27/95 — (305) 653 2020
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0199059 CP