

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 05 1996 8:00 am
Secretary of State

DOCUMENT # *NS0182*
1. Corporation Name

EXPONICA-USA, INC.

Principal Place of Business
10384 W. Flagler St.
Miami, FL 33174
Mailing Address
Same

3. Date Incorporated or Qualified
July 29, 1992
3a. Date of Last Report
Nov. 13, 1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0413271	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

Neftali Arroyo
10384 W. Flagler St.
Miami, FL 33174

10. Name and Address of New Registered Agent

81. Name	Eduardo Arroyo
82. Street Address (P.O. Box Number is Not Acceptable)	10384 W. Flagler Street
83.	
84. City	Miami
85. Zip Code	FL 33174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Eduardo Arroyo* **Eduardo Arroyo** *May 23, 1996*
Signature of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neftali Arroyo	1.2 NAME	
STREET ADDRESS	10384 W. Flagler St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Executive Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armando Arroyo	2.2 NAME	
STREET ADDRESS	10384 W. Flagler St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director/Treasurer/Secy	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eduardo Arroyo	3.2 NAME	
STREET ADDRESS	10384 W. Flagler St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director/President
STREET ADDRESS		4.3 STREET ADDRESS	Sandra Arroyo
CITY-ST-ZIP		4.4 CITY-ST-ZIP	10384 W. Flagler St.
TITLE		5.1 TITLE	Miami, FL 33174
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Hazel Arroyo
CITY-ST-ZIP		5.4 CITY-ST-ZIP	10384 W. Flagler St.
TITLE		6.1 TITLE	Miami, FL 33174
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	700001852921
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-06/06/96--01016--035

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eduardo Arroyo* **Eduardo Arroyo, Treasurer/Sec., Dir.** *May 23, 1996*
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #
(305) 227-2929

CR2E037 (12/95)