JUL-01-2004 THU 04:04 PM CONTADURIA VIDAL

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State
09-13-2004 90007 011 ****61.25

24084991

DOCUMENT # N50122

1. Entity Name
EXPONICA-USA INC.

Principal Place of Business	Mailing Address
8210 A WEST FLAGLER MIAMI, FL 33144	8210 A WEST FLAGLER MIAMI, FL 33144
8181 NW. 36th. STREET	

07012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1011 Suite, Apt. #, etc.	7700 SW. 67TH TERR. Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: US	Zip: 33143 Country: US

4. FEI Number 65-0413271 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARROYO, EDUARDO 11025 SW 6TH ST MIAMI, FL 33174	Name: ALBERTO JIMENEZ Street Address (P.O. Box Number is Not Acceptable): 7700 SW. 67TH TERR. City: MIAMI FL Zip Code: 33143

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ALBERTO JIMENEZ 9/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IRIGOYEN, SONIA 10010 NW 97TH CIR. MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JIMENEZ, ROSA 7700 SW 97TH TERR. MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED ARROYO, EDUARDO 11025 SW 6TH ST. MIAMI, FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JIMENEZ, ALBERTO 8181 NW 36TH. STE. 1011 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO JIMENEZ 9/1/04 (305)393-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #