FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000052089 (7)**

1. Corporation Name

EXIM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
537 LAKESIDE CIRCLE SUNRISE FL 33326-2136	537 LAKESIDE CIRCLE SUNRISE FL 33326-2136

3. Date Incorporated or Qualified: **07/11/1994**

3a. Date of Last Report: **12/04/1995**

4. FEI Number: **65-0506303** ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MOHAMMED, FAZAL
7653 NORTH WEST 57TH STREET
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
537 LAKESIDE CIRCLE
83

84 City **SUNRISE** **FL** 85 Zip Code **33326**

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: X fazal — FAZAL MOHAMMED PRES. — DATE

Signature, typed or printed name of registered agent and title, if agent is a corporation (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	MOHAMMED, FAZAL	
STREET ADDRESS	7653 NORTH WEST 57TH STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	☐ DELETE
NAME	MOHAMMED, ZINETTE	
STREET ADDRESS	537 LAKESIDE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPT	☐ Change ☐ Addition
12 NAME	MOHAMMED, FAZAL	
13 STREET ADDRESS	537 LAKESIDE CIRCLE	
14 CITY-ST-ZIP	SUNRISE, FL. 33326-2136	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Zinette Mohammed S — 3/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #