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 # P95000019408 (0)

1. Corporation Name

EXAME IMPORT AND EXPORT INC.

Principal Place of Business: ~~141 N.E. 3RD AVE. SUITE 208 MIAMI FL 33132~~

Mailing Address: ~~141 N.E. 3RD AVE. SUITE 208 MIAMI FL 33132~~

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7815 NW 72nd AVENUE
22 Suite, Apt. #, etc.
23 City & State: MIAMI - FLORIDA
24 Zip: 33166
25 Country: U.S.A.

2a. Mailing Address
26 7815 NW 72nd AVENUE
27 Suite, Apt. #, etc.
28 City & State: MIAMI - FLORIDA
29 Zip: 33166
30 Country: U.S.A

4. FEI Number: 65-0561969 — ☐ 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

9. Name and Address of Current Registered Agent

PAIVA, GUILHERME
~~141 N.E. 3RD AVE.~~
~~SUITE 208~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7815 NW 72nd AVENUE
83
84 City: MIAMI - FLORIDA **FL**
85 Zip Code: 33166

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 [signature] DATE: X 5/28/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PAIVA, GUILHERME	
STREET ADDRESS	~~% 141 N.E. 3RD AVE. #208~~	
CITY-ST-ZIP	MIAMI FL 33132	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7815 NW 72nd AVENUE	
1.4 CITY-ST-ZIP	MIAMI FL 33166	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	700001863217	
4.4 CITY-ST-ZIP	-06/17/96--01021--034	
5.1 TITLE	***225.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	CL 6.14.96	
6.4 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)(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 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 [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: X 5/28/96 Daytime Phone #: (305) 883-0340