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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT[illegible] STATE
Sandra B. Mort[illegible]
Secretary of St[illegible]
DIVISION OF CORPO[illegible]IONS

DOCUMENT # **P95000062345 (0)**

1. Corporation Name

EXPONENTIAL INVESTMENT CORP.

Principal Place of Business	Mailing Address
168 SOUTHEAST 1ST STREET SUITE 806 MIAMI FL 33131	168 SOUTHEAST 1ST STREET SUITE 806 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 117 NE 1 AVENUE	26 117 NE 1 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 812	27 812
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip / Country	Zip / Country
24 33132 25 USA	29 33132 30 USA

3. Date Incorporated or Qualified: 08/14/1995
3a. Date of Last Report:
4. FEI Number: 65-0602919 ☐ 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

KAHN, DONALD J
317 71ST STREET
MIAMI BEAFH FL 33141

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SHERMAN, ALAN J 168 SOUTHEAST 1ST STREET, SUITE 806 MIAMI FL 33131 ☐ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	P Thelma Sherman, 117 NE 1st Ave #812 Miami Fl 33132 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	V/T/S/D Sherman, Alan J 117 NE 1st Ave #812 Miami Fl 33132 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Alan Sherman Sh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

305-3730694
Daytime Phone #