

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000062345 (0)**

1. Corporation Name
EXPONENTIAL INVESTMENT CORP.



Principal Place of Business 117 NE 1 AVENUE 812 MIAMI FL 33132 US	Mailing Address 117 NE 1 AVENUE 812 MIAMI FL 33132-2121 US
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2. Principal Place of Business 21 168 SE 1 ST Suite, Apt. #, etc 22 704 City & State 23 MIAMI, FLORIDA Zip 24 33131 Country 25 USA	2a. Mailing Address 26 PO BOX 110223 Suite, Apt. #, etc 27 City & State 28 MIAMI, FL Zip 29 33111 Country 30 USA
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3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0602919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KAHN, DONALD J 317 71ST STREET MIAMI BEACH 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
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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS	
11 TITLE VTSD	<input type="checkbox"/> DELETE
12 NAME SHERMEN, ALAN J	
13 STREET ADDRESS 117 NE 1ST AVE #812	
14 CITY-ST-ZIP MIAMI FL	
21 TITLE P	<input type="checkbox"/> DELETE
22 NAME SHERMEN, THELMA	
23 STREET ADDRESS 117 NE 1ST AVE #812	
24 CITY-ST-ZIP MIAMI FL	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> DELETE
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> DELETE
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> DELETE
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME SHERMAN, ALAN J	
13 STREET ADDRESS 168 SE 1ST #704	
14 CITY-ST-ZIP MIAMI, FL 33131	
21 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME SHERMAN, THELMA	
23 STREET ADDRESS 168 SE 1ST #704	
24 CITY-ST-ZIP MIAMI, FL 33131	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan J. Sherman, V.P. **ALAN J. SHERMAN, V.P.** 1/5/97 305-3750720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)