FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

	JAL REPORT 1996			lary of State CORPORATIONS	•]	
1. Corporation	MENT # P950 THEAST EXCHANGE, INC.		7653 (2)		
300	ITIERST EXCHANGE, INC.					
Principal Place of Business PO BOX 16-2814		Mailing Address PO BOX 16-2814			L 1886/1886 FIS TRIS SILLI SOLLI SOLLI SOLLI SOLLI SOLLI DELIN DELIN DESIR SFIEL SFIEL FILLI IDDI	
MIAMI FL	33116		IIAMI FL 33116		Date Incorporated or Qualified 08/31/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. M	ailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Si	iite, Apt. #, etc.		6 \$ ~ 0 60 8 0 7 0 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	1		ty & State	······································	6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip	Country	28	ρ	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s 199,032,
24	25 9. Name and Address of Curre	29 ent Register	ed Agent	[30]	Florida Statutes Yes 10. Name and Address of New I	No Registered Agent
7 1201-1	ORATION SERVICE COMPANY HAYS STREET- HASSEE FL 82301-2525 -			82 Street A8384 City	Address (P.O. Box Number is Not Accepted 9965 MONTEGO BAY	85 Zip Code
11. Pursuant t or register familiar wit SIGNATURE	to the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of S	A S	05, Forida Statutes	S	MIAMI riporation submits this statement for the publicated of directors. Thereby accept the app	
12.	OFFICERS A	int and talle it appli ND DIRECTO		OTE: Pugli terod Agent a ginature re	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	DIAZ, JUAN CARLOS 1578 MADRUGA AVE., ST		DELETE	1. 1 TILE 1.2 NAME 1.3 STREET AODRESS	Fresident 5020 CAGIOS Dizz 9965 MONTEGO BA	
CHY-ST-ZIP	CORAL GABLES FL 3314	}	["] DELETE	1.4 CHTY - \$1 - ZIP 2. 1 THT.E	MIAMI, FL 331	.89 Change Addition
NAME STREET ADDRESS C/TY-ST-ZIP			<u> </u>	2.2 NAME 2.3 STREET ADDRESS 2.4 GITY - ST- ZIP		Change Addition
TITLE NAME STREET ADDRESS			DELETE	3. 1 TITLE 3.2 NAME 3.3. STRELI ADDRESS		Change Addition
CITY+ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME		Change Addition
CHY-ST-ZIP TITLE NAME			DELETE	4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP 5.1 TITLE 5.2 NAME	Q00001 0:	Change Addition
STREET ADDRESS				5.3 STREET ADDRESS	8000018 : -05/23/96010	31330 080011

14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the received trust ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment and an officers.

(__) DELETE

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - \$1 - ZIP

6. 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

City-ST-ZIP

TITLE

NAME

Change

Addition

***200.00

CR2E034 (12/95)