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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

P96000051710 (7)

EXPECTRUM, CORP.

Principal Place of Business	Mailing Address				
10302 N.W. SOUTH RIVER DRIVE BAY 18 MEDLEY FL 33178	10302 N.W. SOUTH RIVER DRIVE BAY 18 MEDLEY FL 33178				
2. Principal Place of Business	28. Mailing Address	20.			

FILED Apr 22 1998 8:00am Secretary of State



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Principal Plac	ce of Business	Mailing Address				
	SOUTH RIVER DRIVE	10302 N.W. SOUTH RIVER	DRIVE			
BAY 18 BAY 18 BAY 18 BAY 18 BAY 18 BAY 18 BAY 18			DO NOT WE	DO NOT WRITE IN THIS SPACE		
MEDLEY FL 33178 MEDLEY FL 33178				3. Date Incorporated or Qualific		
ĺ				06/18/1996		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 1112 WES	TON RO	65-0688216	Not Applicable	
i Suile, ADI.	#, etc.	Suite, Apt. #, etc.			\$9.75 Additional	
22		27 170		5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28 WESTON,	FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year Intangible	
24	25	29 33326	OSA	Personal Property Tax due J		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent	
	O nzal ez, Dunnia		81 Name		• •	
10	302 N.W. SOUTH RIVER DR.		82 Street	Address (P.O. Box Number is Not Accep	otable)	
BAY 18						
MI	EOLEY FL 33178		83			
			84 City		85 Zip Code	
					FL '	
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	, , , , , ,	,				
SIGNATORIE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature		DATE	
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	DIEBOTOR PRESIDE	Change Addition	
NAME	GONZALEZ, DUNNIA		1.2 NAME	ALBERTO MESIA	4	
STREET ADDRESS	10302 N.W. SOUTH RIVER DR	L BAY 1B	1.3 STREET ADDRESS	1112 MESTON BO.	# ! J U	
CITY-ST-ZIP	MEDLEY FL 33178			WESTON, F4 833		
TITLE		☐ DELET É	2.1 THILE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST- ZIP			
TITLE		☐ DELETÉ	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		1	
CITY-ST-ZIP			3.4. CFTY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

I hereby certify that the information supplied with this filing 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