

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE,
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078336 (0)

1. Corporation Name

EXPOSITION PRESS INTERNATIONAL CORP.



Principal Place of Business

317 NORTHWEST 43 PLACE, SUITE 101
POMPANO BEACH FL 33064

Mailing Address

317 NORTHWEST 43 PLACE, SUITE 101
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 317 N.W. 43rd Pl.

Suite, Apt. #, etc.

22 101

City & State

23 POMPANO Bch., FL.

Zip

24 33064

Country

25 BROW

2a. Mailing Address

26 317 N.W. 43rd Pl.

Suite, Apt. #, etc.

27 101

City & State

28 POMPANO Bch., FLA

Zip

29 33064

Country

30 BROW

3. Date Incorporated or Qualified

09/20/1996

3a. Date of Last Report

initial 1st yr.

4. FEI Number

KIN 65.0695146

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DR. A. KARIM MALLIK

82 Street Address (P.O. Box Number is Not Acceptable)

317 N.W. 43rd Pl.

83 #101

84 City

POMPANO Bch

FL

85 Zip Code

33064

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

A. Karim Mallik

DR. A. KARIM MALLIK

9/23/97

(Signature typed or printed name of registered agent and title if applicable)

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
PANCHULA, LESLIE B DR.
STREET ADDRESS 317 NORTHWEST 43 PLACE, SUITE 101
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME VSD
MALLIK, A. KARIM DR.
STREET ADDRESS 317 NORTHWEST 43 PLACE, SUITE 101
CITY-ST-ZIP POMPANO BEACH FL 33064

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 DIRECTOR
PANCHULA, PAUL N.
1.3 STREET ADDRESS 4811 N.W. 1st AV.
1.4 CITY-ST-ZIP POMPANO Bch., FL. 33064

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DIRECTOR
MARKS, DAVID R.
2.3 STREET ADDRESS 2575 S.E. NINTH ST.
2.4 CITY-ST-ZIP POMPANO Bch., FL 33062

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME ESCHAVES, MATIAS E.
3.3 STREET ADDRESS 4417 MARS AV.
3.4 CITY-ST-ZIP WEST PALM Bch. FL. 33406

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 4000002305204-12
-09/26/97--01103--005
4.3 STREET ADDRESS ***173.75 ***173.75
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (4/97)



Exposition Press International, Corp.

(A Family Tradition Since 1939)



317 Northwest 43rd Place,
Pompano Beach, FL 33064-2507.
Phone: (954) 781-5676. Fax: (954) 781-2890

Ms. Jean McElzeen
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314.

Re: Exposition Press International Corp. Annual Report.

Dear Jean:

Enclosed please find completed annual report form, and a check in the amount of \$173.75, (\$165.00 plus \$8.75 for Certificate of Status). Somehow, we did not receive the first notice, and the Amerilawyer did not act properly in this matter. If we had received a first notice, we would have acted on it immediately. Our SBA MINORITY ENTERPRISE CERTIFICATION IS BASED ON THE LONGEVITY OF THIS CORPORATION, and we could have lost this, through no fault of our own.

In view of the above, I am requesting that in this exceptional circumstances your good office accept our yearly fee and this letter of explanation and notify us of any and all paperwork required, which has not been acted upon by Amerilawyer.

Thank you for your assistance, God bless you and may you walk under the curve of the Rainbow and Blue Birds be your companions.

Sincerely,

A. Karim Mallik, Ph.D.
Vice President

AKM/ty.

p.s. To make certain of the delivery of this correspondence, would you be so kind as to give us a call and your phone number, so we may in turn review with you, any further details?

Once again, many thanks.