

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Sep 11 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000024354 (7)**  
 1. Corporation Name  
**AMEXPO, INC.**

Principal Place of Business <b>3001 SW 15TH STREET                  SUITE B                  DEERFIELD BEACH FL 33442</b>	Mailing Address <b>3001 SW 15TH STREET                  SUITE B                  DEERFIELD BEACH FL 33442</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3970 N.W. 132<sup>ND</sup> ST</b> Suite, Apt. #, etc. <b>22 MIAMI OPA LOCKA</b> City & State <b>23 33054</b> Zip Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country
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3. Date Incorporated or Qualified <b>03/12/1997</b>	4. FEI Number <b>65-0737133</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**SCHUSTER, HILMAR  
 3001 SW 15TH STREET  
 SUITE B  
 DEERFIELD BEACH FL 33442**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHUSTER, HILMAR</b>	
STREET ADDRESS	<b>3001 SW 15TH STREET STE B</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>400002637</b>
6.3 STREET ADDRESS	<b>-03/11/98--01093--031</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

14. 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.

SIGNATURE: *[Signature]*

7-15-98

CR2E034 (5/98)

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**JAMES W. CLARKE**  
**Certified Public Accountant**

August 27, 1998

Department of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Amexpo, Inc. P97000024354

Gentlemen (Ladies):

The above-referenced corporation has asked that I forward to you the enclosed Annual Report- 1998 and its check in the amount of \$150.00 to pay the annual filing fee.

I have also been asked to request an abatement of the \$400.00 penalty associated with the late filing of this report. The reasons are as follows:

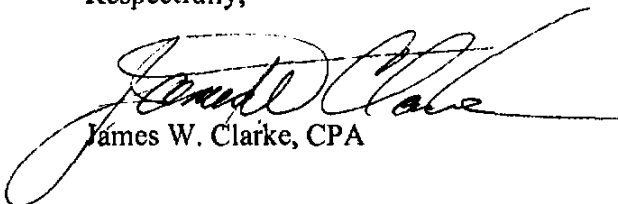
Corporation is a first-time filer of this particular report. They have never seen this form before. The officer/registered agent is from Germany and has never been involved in filing any of these reports in the past.

In February, 1998 the property occupied by this corporation (Opa Locka) was hit by a tornado. Is it quite probable that the original report was lost in this storm. Damage was so extensive that the company has requested emergency funding assistance from the Federal Emergency Management Agency and Small Business Administration to help rebuild the property as a result of the tornado's damage.

To date we are trying to reconstruct financial data needed to file the company's income tax returns by the extended due date of September 15, 1998, due to the loss of a great many other records.

As you can see, the Corporation has suffered several setbacks in the time from delivery of the annual report to now. We therefore respectfully request that you can sympathize with its plight and grant this much appreciated and needed abatement of the aforementioned penalty. If I or the officer can be of additional assistance in helping you decide, please feel free to call me at the number below, or the officer at (305) 687-8181. Thank you in advance for your assistance.

Respectfully,

  
James W. Clarke, CPA