


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90091 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000080551**

1. Corporation Name
EXPADOUT, INC.



Principal Place of Business
**4828 NW 4 ST
MIAMI FL 33126**

Mailing Address
**4828 NW 4 ST
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10041 SW 46 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip Country 24 33165 25 U.S.A.		2a. Mailing Address 26 10041 SW 46 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip Country 29 33165 30 U.S.A.		3. Date Incorporated or Qualified 09/17/1997	
4. FEI Number 65-0783061		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		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CARDENAS, SANDRA L 4828 NW 4 ST MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name D. ANTONY MENDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 10041 SW 46 ST 83 84 City MIAMI FL 85 Zip Code 33165	

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 **D. ANTONY MENDEZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDENAS, SANDRA L		1.2 NAME D. ANTONY MENDEZ	
STREET ADDRESS 4828 NW 4 ST		1.3 STREET ADDRESS 10041 SW 46 ST	
CITY-ST-ZIP MIAMI FL 33126		1.4 CITY-ST-ZIP MIAMI, FL 33165	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **D. ANTONY MENDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305) 205-3877
Date Daytime Phone #

CR2E034 (11/98)