

64 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filling 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, open an attachment with an address.

4 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5 4 CITY - ST - 7IP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

SIGNATURE:

NAMÉC

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

8/24/97

Daytime Phone #

Change

Change

Addition

Addition

Exposervi Corp 5220 NW 72 Ave Bay 35 Miami, Florida 33166

August 4th, 1997

Division of Corporation P. O. Box 1500 Attn. Annual Reports Tallahassee, Florida 32399-1500

To whom it may concern:

We did not receive your first notice. Enclosed you will find an annual report for 1997. The amount of registration is \$165 not the \$550. The change in filling fee where conveyed to us. Therefore, we were not aware of any of these changes.

Enclosed please accept our check for \$165 for the 1997 annual fee.

Sincerely,

Luis Osorio.