


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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S32213 (8)			
1. Corporation Name EXPO INTERNATIONAL, INC.			
Principal Place of Business 316 LINCOLN RD. MIAMI BEACH FL 33139		Mailing Address 316 LINCOLN RD. MIAMI BEACH FL 33139-3103	
2. Principal Place of Business		3. Date Incorporated or Qualified 02/15/1991	
2a. Mailing Address		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		4. FEI Number 65-0252613	
22 City & State		Applied For Not Applicable	
23 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27		9. Name and Address of Current Registered Agent	
28		10. Name and Address of New Registered Agent	
29		81 Name	
30		82 Street Address (P.O. Box Number is Not Acceptable)	
31		83	
32		84 City	
33		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME	
2.2 NAME		2.3 STREET ADDRESS	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
2.4 CITY - ST - ZIP		3.1 TITLE	
3.1 TITLE		3.2 NAME	
3.2 NAME		3.3 STREET ADDRESS	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
3.4 CITY - ST - ZIP		4.1 TITLE	
4.1 TITLE		4.2 NAME	
4.2 NAME		4.3 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
4.4 CITY - ST - ZIP		5.1 TITLE	
5.1 TITLE		5.2 NAME	
5.2 NAME		5.3 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
5.4 CITY - ST - ZIP		6.1 TITLE	
6.1 TITLE		6.2 NAME	
6.2 NAME		6.3 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
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.			
SIGNATURE: X <i>M. Tarich</i> MARIC TARICH X 3/24/97 X 305535229			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

CR2E034 (9/96)