FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V24936** **(9)**

1. Corporation Name

EXPO SALES COMPANY INC.

Principal Place of Business

~~7965 SW 119 ROAD~~
~~MIAMI FL 33183~~
~~US~~

Mailing Address

~~7965~~ SW 119 ROAD
~~MIAMI FL 33183~~
~~US~~

3. Date Incorporated or Qualified: 03/30/1992

3a. Date of Last Report: 03/17/1995

4. FEI Number: 65-0323165 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 9010 SW 137 AVE
22 Suite, Apt. #, etc. 224
23 City & State MIAMI FL
24 Zip 33186 25 Country USA

2a. Mailing Address
26 9010 SW 137 AVE
27 Suite, Apt. #, etc. 224
28 City & State MIAMI, FL
29 Zip 33186 30 Country USA

9. Name and Address of Current Registered Agent

~~RAMIREZ, CEFERINO J.~~
~~7965 SW 119 RD~~
~~MIAMI FL 33183~~

10. Name and Address of New Registered Agent

81 Name RAMIREZ, CEFERINO J.
82 Street Address (P.O. Box Number is Not Acceptable) 9901 HAMMOCKS Blvd
83 UNIT 106A
84 City MIAMI FL 85 Zip Code 33196

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 CEFERINO RAMIREZ. PRES. 3/4/96
(Signature and the printed name of the signer) (Title of officer or director listed in the resolution) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RAMIREZ, CEFERINO J.	
STREET ADDRESS	~~7965 SW 119 RD~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	~~VD~~	☑ DELETE
NAME	~~RAMIREZ, PILAR S.~~	
STREET ADDRESS	~~7965 SW 119 RD~~	
CITY-ST-ZIP	MIAMI FL	
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		
1.3 STREET ADDRESS	9010 SW 137 AVE. SUITE 224	
1.4 CITY-ST-ZIP	MIAMI. FL. 33186	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 3-4-96 (305) 383-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CEFERINO RAMIREZ

CR2E034 (12/95)