

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. McArthur
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 11 11 09:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V55600**

(3)

EXPAM CORPORATION

DEFINITION: WRITE IN THIS SPACE

1. Principal Place of Business 104 SW 13 STREET MIAMI FL 33130 US		2a. Mailing Address 104 SW 13 STREET MIAMI FL 33130 US		3. Date first registered in Florida 08/05/1992	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 2150 NW 93 Ave.	2a. Mailing Address 2150 NW 93 Ave.	4. FEI Number 65-0363856	Applied For Not Applicable		
22. State of Incorporation	27. State of Mailing	5. Certificate of Status Returned <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required		
23. City, State MIAMI, FLORIDA	28. City, State MIAMI, FLORIDA	6. Director Campaign Financing Fund Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. 33172	25. DADE	29. 33172	30. DADE	7. This report was prepared by a person who is not a resident of Florida Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FREEMAN, PAUL H. 9100 S DADELAND BLVD SUITE 1408 MIAMI FL 33156				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number or Post Office Box)				86. City	
83. State				87. Zip Code	
84. City				88. Zip Code	

11. The undersigned, the president or secretary of the corporation, or the duly authorized officer of the corporation, certifies that the information furnished in this report is true and correct and that the undersigned is a resident of Florida.

12. OFFICERS AND DIRECTORS		13. ADDRESS OF EACH OFFICER OR DIRECTOR	
NAME	ADDRESS	NAME	ADDRESS
SD FREEMAN, PAUL H 9100 S. DADELAND BLVD 1408 MIAMI FL		PD TERAN RENE 400 ISLAND DRIVE KEY BISCAIYNE, FL 33149	<input checked="" type="checkbox"/> Address
		SD TERAN LAURA 400 ISLAND DRIVE KEY BISCAIYNE, FL 33149	<input checked="" type="checkbox"/> Address
		VD NOGUEIRA EDUARDO 10135 SW 132 CT. MIAMI FL	<input checked="" type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address
			<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information furnished in this report is true and correct and that the undersigned is a resident of Florida.

SIGNATURE: **RENE TERAN PD 5/8/95 (302) 592-0111**