

**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 # **V55600**  
1. Corporation Name  
**EXPAN CORPORATION**

Principal Place of Business: **2150 NW 93 Ave MIAMI FL. 33172**  
Mailing Address: **2150 NW 93 Ave MIAMI FL. 33172**

3. Date incorporated or Qualified: **8/5/1992** 3a. Date of Last Report: **1995**  
4. FEI Number: **65-0363856** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Elect on 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: **2150 NW 93 Ave**  
2a. Mailing Address: **2150 NW 93 Ave**  
21 Suite, Apt #, etc.:  26 Suite, Apt #, etc.:   
22 City & State: **MIAMI FL.** 27 City & State:   
23 Zip: **33172** 24 Country: **DADE** 25 Country:  29 Zip:  30 Country:

9. Name and Address of Current Registered Agent: **FREEMAN, PAUL H. 9100 S. JADELAND BLVD. SUITE 1406 MIAMI, FL. 33156**  
10. Name and Address of New Registered Agent: **FL** 81 Name:  82 Street Address (P.O. Box Number is Not Acceptable):  83  84 City:  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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>SD</b>	NAME: <b>FREEMAN PAUL H.</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>9100 S. JADELAND BLVD. 1406</b>	CITY-ST-ZIP: <b>MIAMI FL.</b>	1.2 NAME:	
TITLE: <b>PS</b>	NAME: <b>TERAN RENE</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>400 ISLAND DRIVE</b>	CITY-ST-ZIP: <b>KEY BISCAYNE FL.</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>SD</b>	NAME: <b>TERAN LAURA</b>	2.1 TITLE: <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>400 ISLAND DRIVE</b>	CITY-ST-ZIP: <b>KEY BISCAYNE FL.</b>	2.2 NAME:	
TITLE: <b>VD</b>	NAME: <b>HOGUEIRA EDUARDO</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>10135 SW 132 CT.</b>	CITY-ST-ZIP: <b>MIAMI FL.</b>	2.4 CITY-ST-ZIP: <b>KEY BISCAYNE FL. 33149</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: <b>KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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 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: **Eduardo Hogueira** VICE PRESIDENT MARCH 12/96 305-592-0111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)