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Mar 27 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 # F93000004871 (0)

1. Corporation Name
XSEI, INC.

Principal Place of Business

6915 RED ROAD, S-228
CORAL GABLES FL 33143
US

Mailing Address

E HILLS, C/O SOUTHAM INC.
1450 DON MILLS ROAD
DON MILLS ON M3B2X
US

3. Date Incorporated or Qualified
10/27/1993

3a. Date of Last Report
10/10/1996

2. Principal Place of Business

21 1450 Don Mills Road
Suite, Apt. #, etc.

2a. Mailing Address

26 Legal Dept. c/o Southam Inc. 13-2855174
Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

City & State

23 Don Mills, Ontario

City & State

28 Don Mills, Ontario

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 M3B 2X7

25 Canada

Zip

Country

29 M3B 2X7

30 Canada

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUTIERREZ, JORGE R
% KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(Signature of Agent or person filing this statement required when applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	P. MORDEN, BEVERLEY A	1450 DON MILLS RD.	DON MILLS, ONTARIO M3B 2X7	<input type="checkbox"/>
	AS MACKENZIE, BLAIR J	1450 DON MILLS RD	DON MILLS ON	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-STATE-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-STATE-ZIP
President	J. David Dodd	1450 Don Mills Road	Don Mills, Ontario M3B 2X7	Director, Secretary	J. Blair Mackenzie	1450 Don Mills Road	Don Mills, Ontario M3B 2X7	Treasurer	Claire Lanctot	1450 Don Mills Road	Don Mills, Ontario M3B 2X7

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:

J. Blair Mackenzie

J. Blair Mackenzie Feb. 28, 97 416-442-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

0529856

CR2E034 (9/96)