

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:43

DOCUMENT # **G16348** (6)

1. Corporation Name
XYTEX CORPORATION

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 2699 SOUTH BAYSHORE DRIVE SUITE 700-A MIAMI FL 33133 | 2699 SOUTH BAYSHORE DRIVE SUITE 700-A MIAMI FL 33133 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/09/1982 | 3a. Date of Last Report 02/23/1994 |
|--|--|

| | | | | |
|--------------------------------|---------------------|---|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2238768 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 21 | 26 | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | City & State | 23 | | |
| Zip | Country | 24 | 25 | 29 |
| | | 30 | | |

| | |
|---|-----------------------------|
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| CORPCO, INC. 2699 S. BAYSHORE DRIVE SUITE 700-A MIAMI FL 33133 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code |
| | FL |

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 | P/SY | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRON, RONALD M | 1.2 NAME | KATZ, Michael D. |
| STREET ADDRESS | 2699 S. BAYSHORE DR | 1.3 STREET ADDRESS | 2699 S. Bayshore Dr., 7th Floor |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | Miami, FL 33133 |
| TITLE | P/SY | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRON, RONALD M | 2.2 NAME | |
| STREET ADDRESS | 2699 S. BAYSHORE DR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 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)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or 13 or 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael D. Katz* 1/25/95 (305)856-2444
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
MICHAEL D. KATZ, President