

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G80765 (2)
1. Corporation Name
XEDLOM, INC.

Principal Place of Business C/O LUCILA GOMEZ 6815 N.W. 84 AVENUE 2250 N.W. 102 Ave. MIAMI FL 33166 Miami - 71. 33172 US	Mailing Address C/O LUCILA GOMEZ 6815 N.W. 84 AVENUE 2250 N.W. 102 Ave MIAMI FL 33166 Miami - 71. 33172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2250 N.W. 102 Ave. Suite, Apt. #, etc. 22 Miami City & State 23 FL Zip 24 33172 Country 25 Dade	2a. Mailing Address 26 2250 N.W. 102 Ave. Suite, Apt. #, etc. 27 Miami City & State 28 FL Zip 29 33172 Country 30 Dade	3. Date Incorporated or Qualified 01/01/1984 4. FEI Number 59-2364952 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GOMEZ, LUCILA 6815 N.W. 84TH AVENUE 2250 N.W. 102 Ave. MIAMI FL 33166 Miami - 71. 33172	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: *Lucila Gomez* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	GOMEZ, LUCILA	12 NAME	
STREET ADDRESS	1101 SAN PEDRO AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	14 CITY - ST - ZIP	
TITLE	VP	21 TITLE	
NAME	GOMEZ, ABELARDO	22 NAME	
STREET ADDRESS	1101 SAN PEDRO AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I 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: *Lucila Gomez* 2/3/98

CP2E034 (10/97)