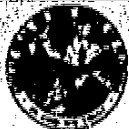


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K07960

(3)

1. Corporation Name

XIMARA CORPORATION

Principal Place of Business

**% JOAN B. TUMPSON
9640 SW 152 AVENUE #29
MIAMI FL 33196**

Mailing Address

**% JOAN B. TUMPSON
9640 SW 152 AVENUE #29
MIAMI FL 33196**

**APPROVED
AND
FILED**

95 MAY -1 AM 2:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/18/1987	04/27/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FBI Number	Applied For
23 City & State		28 City & State		65-0021363	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
29		30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**VIDAURRE, RAUL
9640 SW 152 AVE #29
MIAMI FL 33196**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VIDAURRE, RAUL	1.2 NAME	
STREET ADDRESS	9640 SW 152 AVE #29	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	VIDAURRE, MARCELLA	2.2 NAME	
STREET ADDRESS	9640 SW 152 AVE #29	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	VERA, DORA	3.2 NAME	
STREET ADDRESS	9640 SW 152 AVE #29	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL VIDAURRE PRESIDENT

4-27-95

Date

Signature Printed Name