


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

FILED

Jan 17 1997 8:00am  
Secretary of State

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS          |  |
| <b>DOCUMENT # K51717 (2)</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>XIVERLEE PROFESSIONAL CORP.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>8055 CORAL WAY<br/>MIAMI FL 33155</b>   |  |   | Mailing Address<br><b>8055 CORAL WAY<br/>MIAMI FL 33155-1262</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>12/15/1988</b>   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |  | 4. FEI Number<br><b>65-0094655</b>   |  |
| 22 City & State   |  | 27 City & State   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 23 Zip Country  |  | 28 Zip Country  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 24  |  | 25  |  | 29   |  |
| 9. Name and Address of Current Registered Agent   |  |   | 10. Name and Address of New Registered Agent                     |  |  |
| <b>LEE, ROGELIO<br/>8055 CORAL WAY<br/>MIAMI FL 33155</b>   |  |   | 81 Name  |  |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)            |  |  |
|   |  |   | 83   |  |  |
|   |  |   | 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |  |  |  |
| 1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |  |  |
| 1.2 NAME  |  |   |  |  |  |
| 1.3 STREET ADDRESS  |  |   |  |  |  |
| 1.4 CITY-ST-ZIP   |  |   |  |  |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |  |  |
| 2.2 NAME  |  |   |  |  |  |
| 2.3 STREET ADDRESS  |  |   |  |  |  |
| 2.4 CITY-ST-ZIP   |  |   |  |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |  |  |
| 3.2 NAME  |  |   |  |  |  |
| 3.3 STREET ADDRESS  |  |   |  |  |  |
| 3.4 CITY-ST-ZIP   |  |   |  |  |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |  |  |
| 4.2 NAME  |  |   |  |  |  |
| 4.3 STREET ADDRESS  |  |   |  |  |  |
| 4.4 CITY-ST-ZIP   |  |   |  |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |  |  |
| 5.2 NAME  |  |   |  |  |  |
| 5.3 STREET ADDRESS  |  |   |  |  |  |
| 5.4 CITY-ST-ZIP   |  |   |  |  |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |  |  |
| 6.2 NAME  |  |   |  |  |  |
| 6.3 STREET ADDRESS  |  |   |  |  |  |
| 6.4 CITY-ST-ZIP   |  |   |  |  |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0210848

CR2E034 (9/96)