Mar 16, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

•	1999	DI DI	VISION OF CO	ORPORA	TIONS			03-16-199	99 90020 04	<b>45 ***15</b> 0.0	)O
DOCUMENT # L62034											
1. Corporation Name											
XL-INTERNATIONAL SERVICES, INC.							1 (50)(6()	8:8 81:18 1:81: E8	(88 MIN TIRE BIRE)	NICH SICH CICH CI	ALL BIBIL (BA)
Principal Place	e of Business	Mailing Addr	ess				#    <b>   </b>	818 81158 HAN 88	IND HEIL DEN BING	81811 <b>3</b> 1811 81811 91	Att BIRIL LANG
% DIANA R. CORDOBA % DIANA R. CORDOBA									•		
3631 SW 107TH AVE 3631 SW 107TH AVE MIAMI FL 33165 MIAMI FL 33165								DO NOT	WRITE IN THIS	SPACE	
— MIAMI 1 L 30103			<del></del>		· · · · · · · · · · · · · · · · · · ·	3	Date Incorpo	rated or Qual	ifed		
							03/27/199	<del>)</del> 0			
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4	FEI Number	00		<del></del>	olied For
21		26					<u>65-01853</u>	30		\$8.75 A	Applicable
Suite, Apt. :	#, etc.	<del>                                     </del>	Suite, Apt. #, etc.			5	. Certifcate of	Status Desire	d 🗋	Fee Rec	
City & State		City & St	ate			6	. Election Can	npaign Financ	ing _	\$5.00	May Be
23	-	28					Trust Fund (		y 🗆	Added to	- ,
Zip	Country	Zip		Count	try	8	, This corpora	tion owes the	current year In		
24	25 29 30			30		Personal Property Tax.  10. Name and Address of New					□No
	9. Name and Address of C	urrent Registered Age	ent	8	Name	10	, Name and /	Address of No	ew Registered	Agent	
COR	Doba, diana R.			L							
3631 SW 107TH AVE 82 Street						Address (	P.O. Box Num	ber is Not Acc	ceptable)		
MIAMI FL 33165									···		
					34 City					85 Zip C	ode
					1	• •			FL		
11. Pursuant	to the provisions of Sections 60 egistered agent, or both, in the 9	7.0502 and 607.1508, f	lorida Statutes	s, the abo	ove-named	corporation's h	on submits this	statement for	the purpose of ccept the appo	f changing its red	egistered   istered
agent. I a	m familiar with, and accept the o	bligations of, Section 6	07.0505, Florid	da Statut	es.			•		·	
SIGNATURE	Signature, typed or printed name of register	ad agent and title if applicable	(NOTE: E	A herefered	gent signature n	equired when	reinstating)		DATE		\
12.		S AND DIRECTORS	(11012.1	13.	goth organization			HANGES TO	OFFICERS A	ND DIRECTO	
TITLE	PD		DELETE	1.1 TITU	E					☐ Change	☐ Addition
NAME	CORDOBA, DIANA R.			1.2 NAM	E						}
STREET ADDRESS	3631 SW 107TH AVE			1.3 STR	EET ADDRESS						Ì
CITY-ST-ZIP	MIAMI FL			-	-ST-ZIP					☐ Change	☐ Addition
TITLE	VST	L	DELETE	2.1 TITU						□ cuange	
NAME	CORDOBA, MANUEL SR			2.2 NAM	_						•
STREET ADDRESS	3631 SW 107TH AVE MIAMI FL				EET ADORESS : Y-ST-ZIP						Ì
CITY-ST-ZIP TITLE	D	[	] DELETE	3.1 TITLI						Change	Addition
NAME	CORDOBA, MANUEL SR			3.2 NAM	tE :						ļ
STREET ADDRESS	3631 SW 107TH AVE			3.3 STR	EET ADDRESS						
CITY-ST-ZIP	MIAMI FL		_	3.4. CIT	Y-ST-ZIP		· ·-·				
TITLE		Ţ	DELETE	4.1 TITL	E					☐ Change	Addition
NAME				4. 2 NAM							
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP			DELETE	4.4 CITY 5.1 TITL	-ST-ZIP					Change	Addition
TITLE				5.2 NAM							
NAME STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				5.4 CITY	-ST-ZIP						
TITLE			DELETE	6.1 TITU	E					Change	Addition
NAME				6.2 NAM							
STREET ADDRESS	ì			63 STR	EET ADDRESS	ì			•		

14. I hereby certify that the information supplied with his 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 supplier that a finual 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 of the receiptr 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 an autoriment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR