FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								¬ FILE	D	
PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPO		Mortha of State	ortham State		Jan 29 1998 Secretary	8:00am	
 Corporation 	MENT # n Name XUS CORP.	L95385	5	(5)						
Principal Place of Business 7986 NW 14TH ST MIAMI FL 33126 US			Mailing Address 7986 NW 14TH ST MIAMI FL 33126 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Pl	lace of Business		2a. Mailing A 26 Suite, Ap					08/23/1990 4. FEI Number 65-0215728 5. Certificate of Status Desired □		lied For Applicable
City & State			27 City & St	ate				6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	lay Be Fees
Zip 24	9. Name and Ac	untry Idress of Current I	Zip 29 Registered Age		Cour	81	Name	Name and Address of New Registered 8. This corporation owes or has paid the current of the	🍇 Yes 🗆	ngible No
ACRA, MICHAEL 7986 NW 14TH ST MIAMI FL 33126						82		dress (P.O. Box Number is Not Acceptable)		
_						84	City	FI	85 Zip C	
	to the provisions of t registered agent, or im familiar with, and	Sections 607,0502 aboth, in the State of accept the obligation	and 607.1508, F Florida. Such o ons of, Section (Florida Statutes change was au 607.0505, Flori	s, the ab thorized ida Statu	ove by utes	the corpora	poration submits this statement for the purpose atlon's board of directors. I hereby accept the ap	or changing its pointment as re	registered egistered
SIGNATURE	Signature, typed or printed	name of registered agent :	and title if applicable.	(NOTE:	Registered	i Ager	nt signature requ	ired when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.								ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME	D ACRA, MICHA			DELETE	1.1 TIT 1.2 NA	ME			☐ Change	Addition
STREET ADDRESS	7986 NW 141	ın SI					ADDRESS			
CITY - ST - ZIP	MIAMI FL			DELETE	1.4 CIT		r-zip		Change	Addition
TITLE	D		L	_ DELETE	2,1 TIT	LE.			Change	

DELETE TITLE 6.1 TITLE 6,2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6,4 CITY - ST - ZIP CMY-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)(f), 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.

2.2 NAME

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

___ DELETE

☐ DELETE

DELETE

2.3 STREET ADDRESS

2, 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

SIGNATURE:

PUMAROL, ADOLFO

7986 NW 14TH ST

MIAMI FL

21

22

23 24

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

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