FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:07

DOCUMENT # **M90789** **(2)**

1. Corporation Name

XL COMPUTING INC.

Principal Place of Business	Mailing Address
1300 N.W. 99TH AVE. PLANTATION FL 33322-4963	1300 NW 99TH AVE PLANTATION FL 33322 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1988	3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0063822	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SOLORZANO, RAFAEL A.	12 NAME	
STREET ADDRESS	1300 N.W. 99TH AVE.	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	
TITLE		21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	Jonathan Silver
STREET ADDRESS		23 STREET ADDRESS	17734 Pine Needle Terrace
CITY ST ZIP		24 CITY ST ZIP	Boca Raton FL 33487
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Gary Liu
STREET ADDRESS		33 STREET ADDRESS	7541 Prescott Lane
CITY ST ZIP		34 CITY ST ZIP	Lake Worth FL 33467
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Michael Walsh
STREET ADDRESS		43 STREET ADDRESS	784 Dover Street
CITY ST ZIP		44 CITY ST ZIP	Boca Raton FL 33431
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: R. Solorzano Rafael A. Solorzano 5/25/95 (305) 476-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230056 CP