

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

FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000025282 (2)**

1. Corporation Name
EXCLT, INC.



Principal Place of Business 499 E. PALMETTO PARK ROAD SUITE 201 BOCA RATON FL 33432 US	Mailing Address 499 E. PALMETTO PARK ROAD SUITE 201 BOCA RATON FL 33432-5080 US
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3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FET Number 65-0480090	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ASARCH, STEVEN J ESQUIRE
STEVEN J. ASARCH, P.A.
7777 GLADES ROAD, SUITE 200
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	DE	<input checked="" type="checkbox"/> DELETE
NAME	OROSO, ALBERTO	
STREET ADDRESS	RUA MUIQUEL MAURICIO DA ROCHA, 628	
CITY-ST-ZIP	ASO PAUL, S.P. BRAZIL	
TITLE	DE	<input checked="" type="checkbox"/> DELETE
NAME	FOCHI, MARCELO	
STREET ADDRESS	RUA MUIQUEL MAURICIO DA ROCHA, 628	
CITY-ST-ZIP	ASO PAUL, S.P. BRAZIL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D/P/S
1.3 STREET ADDRESS	Celso Henrique de Azevedo Marques
1.4 CITY-ST-ZIP	Av. Paulo Afonso, 908 Nova Petropolis
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sao Bernardo do Campo - SP BRAZIL 09770
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	IBS Bank
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this 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 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: **Celso Henrique de Azevedo Marques**

4-25-97

511-487-7789

CR2E034 (9/96)