SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED
95 JUL -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000052414 (7)

1. Corporation Name
X-TECH INFORMATICA, CORP.

Principal Place of Business	Mailing Address
7235 INTERNATIONAL DR ORLANDO FL 32819	7235 INTERNATIONAL DR ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9010 SW 137 Ave.	26 9010 SW 137 Ave
Suite, Apt #, etc 22 Suite 216	Suite, Apt #, etc 27 Suite 216
City & State 23 MIAMI, FL	City & State 28 Miami, FL
Zip 24 — Country 25 USA	Zip 29 — Country 30 USA

4. FEI Number: 59-3254139 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAVEZ, FABIO
7235 INTERNATIONAL DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: CHAVES, FABIO
82 Street Address (P.O. Box Number is Not Acceptable): 9010 SW 137 Ave.
83 Suite 216
84 City: MIAMI 85 FL Zip Code: 33186

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: FABIO CHAVES - PRES. 06.26.95
Date

12. Officers and Directors		13.	
TITLE	DPS	TITLE	DPS ☒ Change ☐ Addition
NAME	CHAVEZ, FABIO	NAME	FABIO CHAVES
STREET ADDRESS	7235 INTERNATIONAL DR	STREET ADDRESS	9010 SW 137 Ave. Suite 225
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	MIAMI. FL- 33186
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: FABIO CHAVES - PRES. 06.26.95 305.3800551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0011780 CP