2000 UNIFORM BUSINESS REPORT (UBR)

		# P950000	01356		IANU	,		· .										
1. Entity Name XDX INTERNATIONAL INVESTMENT CORP.							FILED											
Principle of the state of the s							00 SEP 25 PM 1: 41											
Principal Place 11780 S. W. 18		S	Mailing Address 11780 S. W. 18ST STREET															
430			430				SECRETARY OF STATE TABLAHASSEE, FLORIDA											
MIAMI FL 33175 US			MIAMI FL 33175 US				((84-152) ()8				ALIJA ANI JERN							
2. Principal Place of Business			3. Mailing Address															
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN	THIS SI	PACE								
City & State			City & State			4.	FEI Number	65-0552072			pplied For ot Applicable]						
Zip		Country	Zip	Country		5.	Certificate of S	tatus Desired		8.75 Add]						
	6. Name	and Address of Current Re	egistered Agent		-	7.	Name and Ad	dress of New Registe				-						
XU, BIN						Name												
11780 S.W. 18TH STREET, #430 MIAMI FL 33175					Street Address (P.O. Box Number is Not Acceptable)													
					City	·			FL	Zip Cod	le	{						
8. The above	named entit	y submits this statement for t	he purpose of changing its	register	ed office or re	egistered a	igent, or both, in	the State of Florida.		- 		1						
SIGNATURE _	Signatura based	or printed same of registered agent appear	title t applies NOTE	Patritora	d Agent sangture	comited when	rainotation\)ATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00							(Tellistating)		, AIL			1						
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After SEPTEMBER 13, 2000 Min. will be \$756 Make Check Payable to Department of Sta			\$750.00		n Campaign Financing und Contribution.	g 🗆		May Be d to Fees							
11.	DCD.	OFFICERS AND D		12.		Α	DDITIONS/CH	ANGES TO OFFICERS] =						
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STREET ADDRESS	11780 S.	W. 18TH STREET, #430		STRE	ET ADDRESS							2F034						
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CITY-ST-ZIP				CITY	-ST-ZIP													
TITLE			☐ Delete	TITLE	1				.	☐ Change	Addition							
NAME STREET ADDRESS				NAM	ET ADDRESS				7	CD		1						
CITY-ST-ZIP	<u>.</u>				-ST-ZIP				•	<u> </u>								
13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																		
SIGNAT	URE:	SOCOLATA!	RE REOUIR	ED														
	~·· - ·	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING OFFICER C	A DIRECT	OR		14.	SIGNATURE: Date Daytime Phone *										