

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042335 (6)

1. Corporation Name

XCLUSIVE PUBLISHERS INC.

Principal Place of Business

Mailing Address

3640 YACHT CLUB DRIVE
#704
NORTH MIAMI BEACH FL 33180

3640 YACHT CLUB DRIVE
#704
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

2a. Mailing Address

21 20801 BISCAYNE BLVD.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 422

27

City & State

City & State

23 AVENTURA FL

28

Zip

Country

Zip

Country

24 33180

25 USA

29

30

9. Name and Address of Current Registered Agent

TOAD
LIBERALONE, MICHAEL J
801 BRICKELL AVENUE
9TH FLOOR
MIAMI FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I, the undersigned, 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)

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME NELSON CUNHA
STREET ADDRESS RUA PIAUI #816
CITY-ST-ZIP SAO PAULO, BRAZIL 01240

☐ DELETE

TITLE VICE PRESIDENT
NAME LIANDRA STALDER
STREET ADDRESS 3640 YACHT CLUB DR #704
CITY-ST-ZIP AVENTURA, FLA. 33180

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Liandra Stalder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



3. Date Incorporated or Qualified

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0596579

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

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

I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and 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.

(agent signature required when reinstating)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2 ☐ Change ☐ Addition

1.3 ☐ Change ☐ Addition

1.4 ☐ Change ☐ Addition

2.1 ☐ Change ☐ Addition

2.2 ☐ Change ☐ Addition

2.3 ☐ Change ☐ Addition

2.4 ☐ Change ☐ Addition

3.1 ☐ Change ☐ Addition

3.2 ☐ Change ☐ Addition

3.3 ☐ Change ☐ Addition

3.4 ☐ Change ☐ Addition

4.1 ☐ Change ☐ Addition

4.2 ☐ Change ☐ Addition

4.3 ☐ Change ☐ Addition

4.4 ☐ Change ☐ Addition

5.1 ☐ Change ☐ Addition

5.2 ☐ Change ☐ Addition

5.3 ☐ Change ☐ Addition

5.4 ☐ Change ☐ Addition

6.1 ☐ Change ☐ Addition

6.2 ☐ Change ☐ Addition

6.3 ☐ Change ☐ Addition

6.4 ☐ Change ☐ Addition

CR2E034 (12/95)