

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070576 (0)

1. Corporation Name

XIME CORPORATION, INC.

Principal Place of Business

11398 WEST FLAGLER STREET #208
SWEETWATER FL 33174

Mailing Address

11398 WEST FLAGLER STREET #208
SWEETWATER FL 33174

2. Principal Place of Business

21 801 Madrid ST

Suite, Apt. #, etc.

22 107-A

City & State

23 CORONA GABLE MIAMI

Zip

24 33134

Country

2a. Mailing Address

26 801 Madrid ST

Suite, Apt. #, etc.

27 107-A

City & State

28 MIAMI FL

Zip

29 33134

Country

30 CORONA GABLE

9. Name and Address of Current Registered Agent

MELENDEZ, XOMARA

11398 WEST FLAGLER STREET #208
SWEETWATER FL 33174

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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 607.0503, Florida Statutes.

SIGNATURE

Xiomara Melendez

Xiomara Melendez

4-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MELENDEZ, XOMARA
6837 SW 39 TERRACE
MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

000001816390

-05/10/96--01028--021

****225.00 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

226-8096

DATE

Daytime Phone #

CR2E034 (12/95)