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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000070576 (0) **DOCUMENT #**

XIME CORPORATION, INC.

FILED 96 HAY -1 PK 12: 15 SFORETARY OF STATE TALLAHASSEE, FLORIDA



				<u> </u>
Principal Place of Business	Mailing Address	ATRECT		
11398 WEST FLAGLER STREET #208 SWEETWATER FL 33174 11398 WEST FLAGLER STREET #208 SWEETWATER FL 33174				
			3. Date incorporated or Qualified 09/13/1995	3a. Date of Last Report
Dringinal Place of Rusiness	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business	26 801 HA	drid 57		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State Congression of the State of th	City & Stale	F1	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin Country	7/p	Country	8. This corporation has liability for int	tangible tax under si 199 032, □ No
7 3 3 7 3 25	29 30 194	30 C. 9pb/P	Florida Statutes	
9. Name and Address of Current			10. Name and Address of New Reg	Since of Differen
y, Name and Address		81 Name		
MENDEZ, XIOMARA		82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
11398 WEST FLAGLER STREET #208				
SWEETWATER FL 33174		83		
11. Pursuant to the provisions of Sections 607 0502		84 City		FL 85 Zip Code
or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section Signature System or provide table of Signature System or provided table of Spring Signature System of State of Signature System of State of	X/OWG/4	Houdel 13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
16.	ID DIRECTORS	1 1 TITLE		Change L. Addition
TITLE D NAME MENDEZ, XIOMARA	<u> </u>	1.2 NAME	[7][1]H	001816390
ANAT ON AN TERRACE		1 3 STREET ADDRESS	-05/10/	/9601028021
MARKET CONFE		1.4 CiTY - S* - 7.P		25.00 n till *** 225 Juli ***
CITY-ST ZIP MIAMI FL 33 133	☐ DELETE	2 1 TITLE	anama (anama	Clause Clauses
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-SI-ZIP		2.4 CITY - \$1 - ZIP		Change Addition
TITLE	☐ D€T€⊥E	3 1 TITLE 32 NAME		_ .
NAME		3.2 NAME 3.3 STREET ANOFESS		
STREET ADDRESS				
CITY-S1-ZIP	☐ DELETE	3.4 CITY ST-ZIP 4.1 THLE		Change Addition
TITLE	☐ nere₁t	4.1 HILE 4.2 NAME		
NAME		4.3 STREET ADORESS		
STREET ADDRESS		4.4 CITY - ST - ZIF		
CITY - ST - ZIP		**************************************		F-1 0-
	☐ DELETE	5 1 IIILE		Change Addition
TITLE	DELETE	5 1 FILE 52 NAME		Change Addition
TITLE NAME	☐ DELETE	5 1 IIILE		Change Addition
TITLE NAME STREET ADDRESS	_	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHy - ST - ZIP		
TIFLE NAME	☐ DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	_	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE		

14. Ido 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, If 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 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 certify that it am an officer or director of the corporation or the receiver or trusted 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: SIGNATURE AND TYPED OR

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 226-8096