

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000070835 (0)

1. Corporation Name
XISA, INC.



Principal Place of Business: 13424 S.W. 73 TERRACE MIAMI FL 33183
Mailing Address: 13424 S.W. 73 TERRACE MIAMI FL 33183

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report: [Blank]
4. FEI Number: [Blank] Applied For Not Applicable
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 [Blank] Suite, Apt. #, etc.: 22 [Blank] City & State: 23 [Blank] Zip: 24 [Blank] Country: 25 [Blank]
2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc.: 27 [Blank] City & State: 28 [Blank] Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent: ARDOIS, FRANCISCO J 13424 S.W. 73 TERRACE MIAMI FL 33183
10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]

11. Pursuant to the provisions of Sections 607.0532 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: [Blank] Signature typed or printed name of registered agent (if not applicable) [Blank] (If the Registered Agent signature required when registering) [Blank] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	TREASURER
STREET ADDRESS		1.3 STREET ADDRESS	NAYRA ARDOIS
CITY-ST-ZIP		1.4 CITY-ST-ZIP	13424 SW 73 TERR MIAMI, FL 33183
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 supplementary 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: *Nayra Ardois* 02/15/96 305-386-4912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE EXPIRES

CR2E034 (12/95)