

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90012 029 \*\*\*150.00  
04-25-1999 90012 030 \*\*\*\*\*8.75

DOCUMENT # P95000070835

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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 RAFAEL XIMENEZ BRUGUERA

82 Street Address (P.O. Box Number is Not Acceptable)

83 1127 11TH TERRACE

84 City PALM BEACH GARDENS FL 85 Zip Code 33418

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 607.0505, Florida Statutes.

SIGNATURE RAFAEL XIMENEZ BRUGUERA APRIL 5, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITILE ☐ DELETE  
NAME T  
STREET ADDRESS ARDOIS, NAYRA  
CITY-ST-ZIP 13424 SW 73 TERR  
MIAMI FL

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DANIEL SUAREZ DE PUGA  
1.2 NAME  
1.3 STREET ADDRESS 1127 11TH TERRACE  
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418  
☒ Change ☐ Addition

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

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

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

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

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

14. 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 annual report or supplemental 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, with all other like empowered.

SIGNATURE: DANIEL SUAREZ DE PUGA 4-5-99 (561) 691 5774  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)