

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

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

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

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/11/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 Zip Country

29 Zip Country

6. Elector 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARDOIS, FRANCISCO J
 13424 S.W. 73 TERRACE
 MIAMI FL 33183**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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)