

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083064 (2)

1. Corporation Name

XANADU INTERNATIONAL (FLA.), INC.

Principal Place of Business

ONE SE 3RD AVE
28TH FLOOR
MIAMI FL 33131

Mailing Address

% CHARLES A. SCHUETTE
ONE S.E. 3RD AVE., 28TH FL
MIAMI FL 33131-1704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Eberto Vitier Suite, Apt. #, etc. 22 2655 LeJeune Rd., PH 2-B City & State 23 Coral Gables, FL Zip 24 33134		2a. Mailing Address 26 c/o Eberto Vitier Suite, Apt. #, etc. 27 2655 LeJeune Rd., PH 2-B City & State 28 Coral Gables, FL Zip 29 33134		3. Date Incorporated or Qualified 10/30/1995	
25 USA		30 USA		4. FEI Number 65-0748141 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUETTE, CHARLES A	1.2 NAME	Armando Araujo
STREET ADDRESS	1 S.E. 3RD AVENUE, 28TH FL	1.3 STREET ADDRESS	c/o Eberto Vitier, 2655 LeJeune Rd., PH 2-B
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Adalicia Araujo
STREET ADDRESS		2.3 STREET ADDRESS	c/o Eberto Vitier, 2655 LeJeune Rd., PH 2B
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Corable Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Eberto A. Vitier
STREET ADDRESS		3.3 STREET ADDRESS	2655 LeJeune Road, PH 2-B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 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.

Eberto A. Vitier, Assistant Secretary

CR2E034 (10/97)