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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90067 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000083064

1. Corporation Name

XANADU INTERNATIONAL (FLA.), INC.

Principal Place of Business

C/O EBERTO VITIER/2655 LEJEUNE RD. PH2-B

CORAL GABLES FL 33134

US

Mailing Address

C/O EBERTO VITIER/2655 LEJEUNE RD. PH2-B

CORAL GABLES FL 33134

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

65-0748141

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 c/o Charles Schuette

Suite, Apt. #, etc.

22 One S.E. 3rd Ave, 28th FL

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 c/o Charles Schuette

Suite, Apt. #, etc.

27 One S.E. 3rd Ave., 28th FL

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **P**
ARAUJO, ARMANDO

STREET ADDRESS **C/O EBERTO VITIER, 2655 LEJEUNE RD, PH-2B**

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **VS**
ARAUJO, ADALICIA

STREET ADDRESS **C/O EBERTO VITIER, 2655 LEJEUNE RD, PH2B**

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **AS**
VITIER, EBERTO A

STREET ADDRESS **2655 LEJEUNE RD, PH2B**

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

04/14/99

SIGNATURE:

Eberto A. Vitier, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 4447899

Daytime Phone #

CR2E034 (1/98)