## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P95000083068 1. Entity Name XANADU INTERNATIONAL (U.S.A.), INC. 04-02-2001 90047 015 \*\*\*150.00 Principal Place of Business Mailing Address C/O EBERTO VITIER C/O EBERTO VITIER 2655 LEJEUNE ROAD, PH 2-B 2655 LEJEUNE ROAD, PH 2-B CORAL GABLES FL 33134 CORAL GABLES FL 33134 HS US 2. Principal Place of Business C/O Janice L. Russell One S.E. 3rd Avenue 3. Mailing Address c/o Janice L. Russe One S.E. 3rd Avenue Russell Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 28th Floor 28th Floor Applied For City & State City & State 4. FE! Number 65-0748137 Not Applicable Miami, Florida <u>Miami, Florida</u> Country Country \$8.75 Additional Zip 33131 5. Certificate of Status Desired \_U.S.A. U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name American Information Services, Inc. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET One S.E. 3rd Avenue TALLAHASSEE FL 32301-2525 28th Floor City Zip Code Miami 33131 8. The above named entity submet this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida By AMERICAN INFORMATION SERVICES, INC. Angelica M. Calabrese laquese Assistant Secretary March 26, SIGNATURE Signature, typed or (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition D/P ☐ Delete TITLE TITLE ARAUJO, ARMANDO NAME NAME araujo, armando ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS 2655 LEJEUNE ROAD, PH 2-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33131 CORAL GABLES FL 33134 D/VP/S X Change X Addition VS. ☐ Delete TITLE ARAUJO, ADALICIA NAME ARAUJO, ADALICIA NAME STREET ADDRESS ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS 2655 LEJEUNE ROAD, PH 20B CITY-ST-ZIP MIAMI, FLORIDA 33131 CITY-ST-ZIP CORAL GABLES FL 33134 AS- -- -VP/AS-- Change X Addition X Delete TITLE TITLE ARAUJO, ARMANDO RAFAEL NAME vitier, eberto a NAME ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS STREET ADDRESS 2655 LEJEUNE ROAD PH 2-B CITY-ST-7IP MIAMI, FLORIDA 33131 CITY-ST-7IP CORAL GABLES FL 33134

☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED WAS OF SIGNING OFFICER OR DIRECTOR

March 26, 2001 (305) 285 1355

ate me (temperal

VEXED34 (1)