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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000016818 (2)**

1. Corporation Name:  
**XARCO, INC.**

Principal Place of Business  
**9020 N. W. 12TH STREET  
MIAMI FL 33172**

Mailing Address  
**% MS. WINNIE NG, CPA  
1254 41ST STREET  
BROOKLYN NY 11218-1911**



3. Date Incorporated or Qualified  
**02/19/1996**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business  
21 **7399 NW 54<sup>TH</sup> STREET**  
Suite, Apt. #, etc.

2a. Mailing Address  
26  
Suite, Apt. #, etc.

4. FEI Number  
**65-0659200**

Applied For  
Not Applicable

22  
City & State  
23 **MIAMI, FL**

27  
City & State  
28

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

24 Zip **33166** 25 Country **USA**

29 Zip 30 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NG, WINNIE C.P.A.  
9020 N. W. 12TH STREET  
MIAMI FL 33172**

81 Name **NG, WINNIE C.P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7399 NW 54TH STREET**  
83  
84 City **MIAMI** **FL** 85 Zip Code **33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **P BENG CHEE LIM**  
STREET ADDRESS **BENG CHEE LIM XIAOBING GONG**  
CITY - ST - ZIP **7399 NW 54TH STREET**  
**MIAMI, FL 33166**

11 TITLE ☐ Change ☒ Addition  
12 NAME **PRESIDENT**  
13 STREET ADDRESS **XIAOBING GONG**  
14 CITY - ST - ZIP **7399 NW 54TH STREET**  
**MIAMI, FL 33166**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: **X** **XIAOBING GONG** **1/10/97** **305-887-8018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)