


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

FILED

Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 7399 NW 54TH STREET MIAMI FL 33166			Mailing Address % MS. WINNIE NG, CPA 1254 41ST STREET BROOKLYN NY 11218		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1621 NW 79th Ave		26 Suite, Apt. #, etc.		02/19/1996	
22 City & State		27 City & State		4. FEI Number	
23 MIAMI FL		28 City & State		65-0659200	
24 Zip		29 Zip		Applied For	
33126		USA		Not Applicable	
Country		Country		5. Certificate of Status Desired	
USA		USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
NG, WINNIE C.P.A. 7399 NW 54TH STREET MIAMI FL 33166		81 Name XIAO BING GUNG			
		82 Street Address (P.O. Box Number is Not Acceptable) 1621 NW 79th Ave			
		83			
		84 City			
		MIAMI			
		FL			
		85 Zip Code			
		33126			
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 X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT					
1.2 NAME XIAO BING GUNG					
1.3 STREET ADDRESS 1621 NW 79th Ave					
1.4 CITY-ST-ZIP MIAMI, FL 33126					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 [Signature] TURE REQUIRED

CR2E034 (10/97)