

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

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May 12 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 # P96000071474 (6)

1. Corporation Name  
XTX CORPORATION

Principal Place of Business

13120 S.W. 92ND AVENUE  
APT # D-501  
MIAMI FL 33176

Mailing Address

13120 S.W. 92ND AVENUE  
APT # D-501  
MIAMI FL 33176-8707



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6195 NW 186 St.		26 SAME		08/27/1996			
22 Suite, Apt. #, etc. Apt. 216		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State Miami, FL		28 City & State		65-0694156		Not Applicable	
24 Zip 33015		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country USA		30 Country		<input type="checkbox"/>		5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MORALES, EDWARD  
13120 S.W. 92ND AVENUE  
APT # D-501  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	MORALES, Edward
82 Street Address (P.O. Box Number is Not Acceptable)	6195 NW 186 St. # 216
83	
84 City	Miami
85 Zip Code	FL 33015

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, SASHA-ALEZANDR	1.2 NAME	
STREET ADDRESS	101 EAST SUNRISE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, EDWARD	2.2 NAME	President
STREET ADDRESS	13120 S.W. 92ND AVENUE, APT #D-501	2.3 STREET ADDRESS	6195 NW 186 St. # 216
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	Miami, FL 33015
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice President
STREET ADDRESS		3.3 STREET ADDRESS	Brenda Castro
CITY-ST-ZIP		3.4 CITY-ST-ZIP	6195 NW 186 St. # 216
TITLE		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		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		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 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: Edward Morales  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (305) 701-3330  
Date Daytime Phone #

CP2E034 (9/96)