

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

FILED
May 19 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 # P97000018237 (2)

1. Corporation Name

XALI ENTERTAINMENT, INC.

Principal Place of Business

800 N MIAMI AVENUE
SUITE 1102E
MIAMI FL 33136

Mailing Address

P.O. BOX 015590
MIAMI FL 33101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3150 NE 190th Bld. 6

2a. Mailing Address

Suite, Apt. #, etc.

22 206

Suite, Apt. #, etc.

City & State

23 Aventura, FL

City & State

Zip

24 33180

Country

25 Dade

Zip

29

Country

30

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

105-0731797

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JENNINGS, WALTER
800 N MIAMI AVENUE
SUITE 1102E
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

Walter Jennings

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

3150 NE 190th

83

Bld. 6 Suite 206

84 City

Aventura

FL

85 Zip Code

33180

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 JENNINGS, WALTER
STREET ADDRESS 800 N MIAMI AVE, STE 1102E
CITY-ST-ZIP MIAMI FL 33136

TITLE ☒ DELETE

NAME ESTRADA, EDWARD
STREET ADDRESS 9727 SOUTHWEST 138TH AVE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

12 NAME P, V, S, D, C, M
Walter Jennings
13 STREET ADDRESS 3150 NE 190th Bld. 6, Suite 206
14 CITY-ST-ZIP Aventura, FL 33180

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.

SIGNATURE

Walter Jennings

4-78-98

1-888-528-1204

CR2E034 (10/97)