

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

FILED

Jun 02 1998 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000052431

1. Corporation Name

XOT OF TAMPA

Principal Place of Business

1423 WASHINGTON AVE  
MIAMI BEACH FL 33139

Mailing Address

1423 WASHINGTON AVE.  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1993 6/12/97

4. FEI Number

65-0768652

Applied

Not App

5. Certificate of Status Desired

\$8.75 Addtl  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May  
Added to Fee

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, JOAO RAMON  
1423 WASHINGTON AVE.  
MIAMI BEACH FL 33139

81

Name PEREZ, JAYME

82

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

1423 WASHINGTON AVE.

83

84

City MIAMI BEACH

FL

85

Zip Code 33139

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

5-18-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE P ☐ DELETE  
NAME PEREZ, JAYME  
STREET ADDRESS 1423 WASHINGTON AVENUE ← CORRECT  
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE ☐ Change ☐  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPS ☒ DELETE  
NAME PEREZ, JOAO R  
STREET ADDRESS 1423 WASHINGTON AVE  
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE ☒ Change ☐  
2.2 NAME PEREZ, JOAO RAMON  
2.3 STREET ADDRESS 1423 WASHINGTON AVE ← CORRECT  
2.4 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐  
4.2 NAME 800002546968  
4.3 STREET ADDRESS -06/04/98--01007--044  
4.4 CITY-ST-ZIP \*\*\*150.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐  
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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE REQUIRED

06/29/98

928-3709

04/24/98 09:35 Florida Department pl /1

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ATTN: ROBERT

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4/24/98 CORPORATE DETAIL RECORD SCREEN 9:27 AM  
NUM: P97000052431 ST:FL ACTIVE/FL PROFIT FLD: 06/12/1997  
LAST: NAME CHANGE AMENDMENT FLD: 01/22/1998  
NAME : X.O.T OF TAMPA, INC.  
NH: 1  
PRINCIPAL: 1423 WASHINGTON AVENUE  
ADDRESS MIAMI BEACH, FL 33139  
RA NAME : PEREZ, JOAO RAMON  
RA ADDR : 1423 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139  
ANN REP : \* NONE FILED \*

THERE ARE NO PRINCIPALS FOR THIS FILING

*Jana: Enclosed, as per your instructions, is a  
copy of the renewal form with correct info. Thanks  
for your help.*

*Robert Oster*

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----