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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 P9700053907 (6)

FILED Jun 15 1998 8:00am Secretary of State

EXCEL EXCHANGE CORP. Principal Place of Business Mailing Address 822 HILLCREST BLVD. 822 HILLCREST BLVD. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0762100 21 26 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State 5. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FERREIRA, JULIO CESAR 822 HILLCREST BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. JULIO CESAR FERREIRA SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRECIDENT Addition DELFTE Change TITLE 1.1 TITLE JULIO CEGAR FERREIFA 1.2 NAME 32E034 NAME 822 HillCrest Boolevard STREET ADDRESS 1.3 STREET ADDRESS W<u>e</u>st Paum Reagh-FL: 33405 14 CBY - \$1 - ZIP CITY-ST-ZIF DETELLE Change Addition TITLÉ 21 IIILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY - \$1 - ZIP DELFTE Change Addition TITLE 3.1 TO LE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - Z/P DELETE TITLE 4.1 TITLE NAME 4. 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - **7**IP DELLTE TITLE 5.1 1/11/6 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DEFETE Change Addition 6.1 THLE TITLE 000002563160 NAME 62 NAME -06/17/98---01084---013 STREET ADDRESS 6.3 STREET ADDRESS ***150,00 CITY-ST-ZIP 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 or an attachment with an address.

Julia CÉRAD ECORCIDA

04/15/92

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