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May 04 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 # P97000067361 (0)

1. Corporation Name

XIOMELI CORPORATION



Principal Place of Business

1750 W 46 STREET APT 410
HIALEAH FL 33012-2849

Mailing Address

1750 W 46 STREET APT 410
HIALEAH FL 33012-2849

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0774036

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

2. Principal Place of Business

2a. Mailing Address

21 9550 NW 79TH AVE #21

26 1750 W 46 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY 21

27 APT 410

City & State

City & State

23 HIALEAH GARDEN

28 HIALEAH

Zip

Country

Zip

Country

24 33016

25 FLORIDA

29 33012

30 FLA.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAVARRO, XIOMER A
1750 W 46 STREET APT 410
HIALEAH FL 33012-2849

81 Name

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

83

84 City

FL

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. 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 PS ☐ DELETE

NAME NAVARRO, XIOMER A
STREET ADDRESS 1750 W 46 STREET APT 410
CITY-ST-ZIP HIALEAH FL 33012-2849

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME GOVEA, EDGLEBELES
STREET ADDRESS 1750 W 46 STREET APT 410
CITY-ST-ZIP HIALEAH FL 33012-2849

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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.

CR2E034 (10/97)