

FILE NOW: FILING FEE AFTER MAY 1ST IS \$00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P97000092606

1. Corporation Name
XTACY COMPUTERS CORP.

Principal Place of Business
2246 NW 82ND AVENUE
MIAMI FL 33122

Mailing Address
2246 NW 82ND AVENUE
MIAMI FL 33122

FILED

99 JUL -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1997	
4. FEI Number APPLIED FOR - 65-0790065	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 the current year Intangible Personal Property Tax ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

DELGADO, JUAN CARLOS
7450 SW 132ND AVENUE
MIAMI FL 33183

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City
4. State ☒ FL ☐ HI ☐ Other
5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly authorized officer or director of the corporation, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	DELGADO, JUAN CARLOS
STREET ADDRESS	7450 SW 132ND AVENUE
CITY-STATE-ZIP	MIAMI FL 33183
TITLE	VSD
NAME	DELGADO, ESPERANZA
STREET ADDRESS	7450 SW 132ND AVENUE
CITY-STATE-ZIP	MIAMI FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the opinion 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 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, with all other empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 (305) 718-9920

Date

Daytime Phone

CR2E034 (1/98)

7/14/99
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