

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 98 APR 26 AM 11:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000037248

1. Corporation Name XNTRIX OF PALM BEACH, INC.

Principal Place of Business 9188 PARK AVE LAKE PARK FL 33403 Mailing Address 9188 PARK AVE LAKE PARK FL 33403

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

9. Name and Address of Current Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

81 Name Spiegel & Utrera, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue 83 City Coral Gables FL 85 Zip Code 33134

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: Spiegel & Utrera, P.A. Vice-President

4/22/99 DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PTD PETERS, THOMAS G and VSD JOPEK-PETERS, JOYCE.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 11-14 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Thomas Peters

4/19/99 561 432 5334

CR2E034 (11/98)