

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90106 036 ***150.00

DOCUMENT # P98000056158

1. Corporation Name
XAEL CHARTERS, INC.

Principal Place of Business

**2337 CORAL WAY
MIAMI FL 33145**

Mailing Address

**2337 CORAL WAY
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

65-0846227

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

21 4714 S.W. 74TH AVENUE

2a. Mailing Address

26 4714 S.W. 74TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33155

Country

25 USA

Zip

29 33155

Country

30 USA

9. Name and Address of Current Registered Agent

**LEVY, XIOMARA
2337 CORAL WAY
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

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

4714 S.W. 74TH AVENUE

83

84 City

MIAMI, FLORIDA

FL

85 Zip Code

33155

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

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE
C
NAME
LEVY, EDDIE B
STREET ADDRESS
2337 CORAL WAY
CITY-ST-ZIP
MIAMI FL 33145

☐ DELETE

TITLE
PD
NAME
ALMAGUER-LEVY, XIOMARA
STREET ADDRESS
2337 CORAL WAY
CITY-ST-ZIP
MIAMI FL 33145

☐ DELETE

TITLE
VS
NAME
CASALS, ALEJANDRO G
STREET ADDRESS
2337 CORAL WAY
CITY-ST-ZIP
MIAMI FL 33145

☐ DELETE

TITLE
T
NAME
CASALS, MERCEDES L
STREET ADDRESS
2337 CORAL WAY
CITY-ST-ZIP
MIAMI FL 33145

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
4714 SW 74TH AVENUE
1.4 CITY-ST-ZIP
MIAMI FLORIDA 33155

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
4714 SW 74TH AVENUE
2.4 CITY-ST-ZIP
MIAMI FLORIDA 33155

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
4714 SW 74TH AVENUE
3.4 CITY-ST-ZIP
MIAMI FLORIDA 33155

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4714 SW 74TH AVENUE
4.4 CITY-ST-ZIP
MIAMI FLORIDA 33155

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALEJANDRO G. CASALS** 4/30/99 305-265-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)