2000 UNIFORM BUSINESS REPORT (UBR) FIFD **DOCUMENT#** P99000029101 1. Entity Name 00 HOV 13 PM 5: 19 THE X GROUP INTERNATIONAL INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 3178 CORAL WAY MIAMI. FL 33145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTHA LIMA 3178 CORAL WAY MIAMI, FL 33145 Zip Code City tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ex SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed r registered agent and title if applicable FILE NOW!!! FEE 19 \$150.06 After MAY:1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition 717) F ☐ Delete MILE P/V/S/T/D NAME NAME MARTHA LIMA STREET ADDRESS STREET ADDRESS 3178 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI. FL 33145 ☐ Change Addition Delete TITLE TITLE NAME KAME 000003483940-STREET ADDRESS STREET ADDRESS -12/04/00--01017--010 CITY-ST-7IP CITY-ST-ZIF Defete TITLE nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITI F TITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-21P ITY-ST-ZIP Change Addition Defete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-78 City-ST-ZIP Addition Change Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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THE X GROUP INTERNATIONAL INC. DOC.#P99000029101

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT **ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY.

MARTHA LIMA PRESIDENT