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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90018 008 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # S19750

1. Corporation Name
XTEC, INCORPORATED

Principal Place of Business
**5775 BLUE LAGOON DRIVE
SUITE 280
MIAMI FL 33126**

Mailing Address
**5775 BLUE LAGOON DRIVE
SUITE 280
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1990

4. FEI Number

65-0239179

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**RASCO, EDUARDO I.
2875 NE 191 STREET
SUITE 500
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

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 not the same as the corporation) required when reinstating)

DATE **4/30/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FERNANDEZ, GUILLERMO**
STREET ADDRESS **5441 BANYAN DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☐ DELETE

NAME **FERNANDEZ, ALBERTO**
STREET ADDRESS **14720 S.W. 111 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ DELETE

NAME **RASCO, EDUARDO I**
STREET ADDRESS **2875 NE 191 STREET #500**
CITY-ST-ZIP **AVENTURA FL**

TITLE **DT** ☒ DELETE

NAME **VIDAL, SERGIO**
STREET ADDRESS **2351 W. FLAGLER ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **NOBLETT, PAUL**
STREET ADDRESS **441 LIDO DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **JAY BRITO**
1.3 STREET ADDRESS **5775 Blue Lagoon Drive, Suite 280**
1.4 CITY-ST-ZIP **Miami, Florida 33126**

2.1 TITLE **EVP** ☐ Change ☒ Addition

2.2 NAME **CARLOS FERNANDEZ-GUZMAN**
2.3 STREET ADDRESS **5775 Blue Lagoon Drive, Suite 280**
2.4 CITY-ST-ZIP **Miami, Florida 33126**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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: **EDUARDO I. RASCO**
EDUARDO I. RASCO
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)