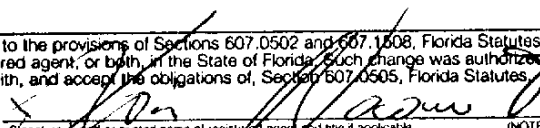
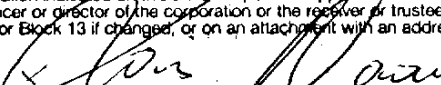


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S64068 1. Corporation Name XANSOFT, CORP.					
Principal Place of Business 12651 S. DIXIE HIGHWAY #401 MIAMI, FLORIDA 33156			Mailing Address DO NOT WRITE IN THIS SPACE.		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07-31-1991	
21		26		4. FEI Number 65-0276931	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
Zip		Country		29	
24		25		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
NAVARRO, XAVIER 10720 SW 60th. STREET MIAMI, FL 33173			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code FL		
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  August 5th., 1996 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D/P			1.1 TITLE ☐ Change ☐ Addition		
1.2 NAME NAVARRO, XAVIER			1.2 NAME		
1.3 STREET ADDRESS 10720 SW 60th. STREET			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP MIAMI, FL 33173			1.4 CITY-ST-ZIP		
2.1 TITLE D/S			2.1 TITLE ☐ Change ☐ Addition		
2.2 NAME ARGUELLO, JOSE			2.2 NAME		
2.3 STREET ADDRESS 10720 SW 60th. STREET			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP MIAMI, FL 33173			2.4 CITY-ST-ZIP		
3.1 TITLE VP			3.1 TITLE ☐ Change ☐ Addition		
3.2 NAME NAVARRO, EMILIA			3.2 NAME		
3.3 STREET ADDRESS 10720 SW 60th. STREET			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP MIAMI, FL 33173			3.4 CITY-ST-ZIP		
4.1 TITLE			4.1 TITLE ☐ Change ☐ Addition		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5.1 TITLE			5.1 TITLE ☐ Change ☐ Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE			6.1 TITLE ☐ Change ☐ Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.			400001920434 -08/13/96--01107--042 ***225.00		
SIGNATURE: 			August 5th., 1996 (305)255-0904		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		