


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

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 97-1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **S64068**
1. Corporation Name

XANSOFT, CORP.

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 12651 S DIXIE HIGHWAY #401 MIAMI, FL 33156 | 8758 SW 8th. STREET MIAMI, FL 33174 |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

FILED
98 DEC 29 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **97-98**
DO NOT WRITE IN THIS SPACE

| | | |
|---|---|-------------------------------|
| 3. Date Incorporated or Qualified 07/31/1991 | 4. FEI Number 65-0276931 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | |
| NAVARRO, XAVIER 10720 SW 60th. STREET MIAMI, FL 33173 | |

| | |
|---|-------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 1000002734681--S |
| 84 City | MIAMI, FL 33173 |

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  DATE **DEC 23, 1998**
(NOTE: Registered Agent signature required when reinstating)

| | |
|----------------------------|--|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | P/D <input type="checkbox"/> DELETE |
| NAME | NAVARRO, XAVIER |
| STREET ADDRESS | 10720 SW 60th. STREET |
| CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | V/D <input type="checkbox"/> DELETE |
| NAME | NAVARRO, EMILIA |
| STREET ADDRESS | 10720 SW 60th. STREET |
| CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | S/D <input type="checkbox"/> DELETE |
| NAME | ARGUELLO, JOSE |
| STREET ADDRESS | 10720 SW 60th. STREET |
| CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(b), 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.

SIGNATURE:  **PRESIDENT** **DEC. 23, 1998** **(305) 255-0904**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (10/97)