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PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V27387

(2)

Mailing Address

X & X ENTERPRISES, INC.

FILED Apr 25 1997 8:00am Secretary of State



| 11720 S.W. 87 AVE. MIAMI FL 33178 | | | 11720 S.W. 87 AVE. MIAMI FL 33176-4361 | | | | | |
|---|--|--|---|--|---|---|--------------------------------|--------------------------------|
| | | | | | | 3. Date Incorporated or Qualified 04/08/1992 | 3a. Dale of Last 07/30/1996 | |
| 2. Principal Place of Business | | 2a. Ma | ailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 65-0326219 | | Not Applicable |
| Suite, Apt. | | 27 | iite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | | [Cit | ly & State | | | Election Campaign Financing Trust Fund Contribution | | May Be d to Fees |
| Zip 24 | Country 25 | o | Country 30 | | 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\sqrt{N} \) No | | | |
| | 9. Name and Address | 29 of Current Registere | d Agent | 1001 | | 10. Name and Address of New Re | | |
| MIX | ENO, RAIMUNDO R. | | | 81 | Name | | | |
| 1177 | 20 S.W. 87 AVE. | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | yla) | |
| MIAI | MI FL 33176 | | | 83 | ·] | areas (1.0. Box realition) is not recopial. | | |
| | | | | 84 | City | | 85 Zip | Code |
| | | | | | | | FL " | |
| office or re agent. I ar | egistered agent, or both, in m familiar with, and accep | n the State of Florida. If the obligations of, Sc | Such change was sction 607.0505, f | utes, me abov s authorized b Florida Statuto | ve-named cor by the corpore as: | rporation submits this statement for the pation's board of directors. I hereby acceptions | of the appointment a | is registered is registered |
| SIGNATURE . | Signature, typed or printed name of | registered agent and title if ap- | plicable (NC | OTF Registered Ag | gent signature requ | uired when reinstating) | DATE | |
| 12. | | ICERS AND DIRECTO | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PSD PARTITION | . D | DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | XIMENO, RAIMUNDO | K. | | 1.2 NAM(| | | | |
| STREET ADDRESS | 11720 S.W. 87 AVE. | | | 1.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL VTD | | | 14 CHTY- | ST-ZIP | | | |
| TITLE | | • | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | XIMENO, FRANCIS A | l. | | 2 2 NAM! | Į. | | | |
| | 44700 CIN OT AUC | | | | | | | |
| | 11720 S.W. 87 AVE. | | | 1 | T ADDRESS | | | |
| CITY-ST-ZIP | 11720 S.W. 87 AVE. MIAMI FL | | - Desire | 2 4 C(1) | | | | |
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I do nereby certify that the information supplied with this filing does not quality 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 changers, or on an attachment with an address.