FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K10528** **(3)**

1. Corporation Name

K AGENCY, INC.

Principal Place of Business	Mailing Address
~~7975 NW 12TH ST. #220 MIAMI FL 33126~~	~~7975 NW 12TH ST. #220 MIAMI FL 33126~~

2. Principal Place of Business	2a. Mailing Address
21 4675 Ponce de Leon Blvd	26 4675 Ponce de Leon Blvd
Suite, Apt. #, etc. 22 #305	Suite, Apt. #, etc. 27 #305
City & State 23 Coral Gables FLA	City & State 28 Coral Gables, FLA
Zip 24 33146 Country 25 DADE	Zip 29 33146 Country 30 DADE

3. Date Incorporated or Qualified: 01/04/1988
3a. Date of Last Report: 03/29/1995
4. FEI Number: 65-0022992 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR
4675 PONE DE LEON BLVD.
STE.305
CORAL GABLES FL 33146

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 607.1505, 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. The 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DIR~~	☐ DELETE	1.1 TITLE	DIS	☑ Change ☐ Addition
NAME	~~STINSON, LOUIS JR~~		1.2 NAME	STINSON, Louis Jr	
STREET ADDRESS	~~4675 PONCE DE LEON BLVD.#305~~		1.3 STREET ADDRESS	4675 Ponce de Leon Blvd #305	
CITY-ST-ZIP	~~CORAL GABLES FL 33146~~		1.4 CITY-ST-ZIP	Coral Gables, FLA 33146	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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.

SIGNATURE: _____ Louis Stinson Jr. Sec 1/30/96 305-667-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #