

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

**FILED**

**May 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # L23585 (7)**  
1. Corporation Name  
**KIFLA INVESTMENTS, INC.**



Principal Place of Business Mailing Address

**501 BRICKELL KEY DR. SUITE 400 MIAMI FL 33131 US**

**7512 DR. PHILLIPS BLVD. SUITE 50-223 ORLANDO FL 32819-3100 US**

3. Date Incorporated or Qualified **10/18/1989** 3a. Date of Last Report **04/20/1996**

2. Principal Place of Business 2a. Mailing Address

21 **7512 DR. PHILLIPS BLVD.** 26

22 **SUITE 50-223** 27

23 **ORLANDO, FL** 28

24 **32819** 25 **USA** 29 30

4. FEI Number **65-0168375** 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

**SLOSBERGAS, NELSON  
501 BRICKELL KEY DR.  
SUITE 400  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **LEONARD MECHALAYE**  
**2607 EAGLES NEST CR.  
ORLANDO, FLORIDA 32837**  
**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 *Leonard Mechalye* (NOTE: Registered Agent signature required when reinstating) DATE **4-29-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SRESNEWSKY, KYRIL	
STREET ADDRESS	520 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAHRUJ, JOSE	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-223	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SUCAR, ANTONIO	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-223	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	JODZINSKY, ROBERTO CARLOS	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-223	
CITY-ST-ZIP	ORLANDO FL 32819	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *JOSE DAHRUJ* DATE: **04/29/97** TELEPHONE: **(407) 342-8335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)