

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 # S11410 (5)
1. Corporation Name
KABAYAN, INC.



Principal Place of Business: **399 CHALLENGER RD SUITE 102 CAPE CANAVERAL FL 32920 US**
Mailing Address: **399 CHALLENGER RD STE 102 CAPE CANAVERAL FL 32920 US**

3. Date Incorporated or Qualified: **10/29/1990**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-3032232**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 155 Cavalier St., Suite, Apt. #, etc.**
22 Palm Bay, FL
City & State
23 32909-1174
Zip
25 Country: **29 USA**
30

g. Name and Address of Current Registered Agent
FERNANDO, ROMEO D., JR.
399 CHALLENGER RD., SUITE 102
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent
81 Name: Fernando, Romeo D., Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 155 Cavalier St.
83
84 City: Palm Bay FL 85 Zip Code: 32909

11. Pursuant to the provisions of Sections 607.0902 and 607.1509, 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 provisions of Section 607.0904, Florida Statutes.

SIGNATURE: **Romeo D. Fernando, Jr. - Pres.** (NOTE: Registered Agent signature required when reinstating) DATE: **2-26-1996**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | FERNANDO, ROMEO D., JR. | |
| STREET ADDRESS | 367 EMERSON DR., NW | |
| CITY-ST-ZIP | PALM BAY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | P/D |
| 1.3 STREET ADDRESS | Fernando, Romeo D., Jr. |
| 1.4 CITY-ST-ZIP | 155 Cavalier St. Palm Bay, FL 32909 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | S/T/D |
| 2.3 STREET ADDRESS | Fe Villaruz-Fernando |
| 2.4 CITY-ST-ZIP | 155 Cavalier St. Palm Bay, FL32909 |
| 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 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 and is accompanied by a true and correct address.

SIGNATURE: **Romeo D. Fernando, Jr. - Pres.** DATE: **2-26-96** (407) 728 2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 (12/95)