

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90096 038 ***150.00

DOCUMENT # S37355

1. Corporation Name
KASU CORPORATION

Principal Place of Business
4649 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES FL 33146

Mailing Address
4649 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1991

4. FEI Number

65-0293685

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 145 MADEIRA AVENUE

Suite, Apt. #, etc.

22 SUITE 310

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 145 MADEIRA AVENUE

Suite, Apt. #, etc.

27 SUITE 310

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
4649 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

RAUL J SANCHEZ DE VARONA

82 Street Address (P.O. Box Number is Not Acceptable)

145 MADEIRA AVENUE

83 SUITE 310

84 City

CORAL GABLES

85 Zip Code

FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME KASWALDER, JORGE A
STREET ADDRESS 2333 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME JORGE A. KASWALDER
1.3 STREET ADDRESS 2333 BRICKELL AVENUE, APT. 1512
1.4 CITY-ST-ZIP MIAMI, FL 33129

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/99 (305)443-8600

Date

Daytime Phone #

0219633

CR2E034 (11/98)