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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

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

2a. Mailing Address
26 145 MADEIRA AVENUE

Suite, Apt. #, etc.
22 SUITE 310
City & State

Suite, Apt. #, etc.
27 SUITE 310
City & State

23 CORAL GABLES, FL
Zip Country
24 33134 25 USA

28 CORAL GABLES, FL
Zip Country
29 33134 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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 #

CR2E034 (11/98)