

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 9:18

DOCUMENT # **V39925** (5)

KHAMELEON COMMUNICATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office: 1880 NE 163RD ST #103 NORTH MIAMI BEACH FL 33162
 Mailing Address: 1880 NE 163RD ST #103 NORTH MIAMI BEACH FL 33162

2. Previous Fiscal Year: 21
 State App. Paid: 22
 City & State: 23
 25. Mailing Address: 26
 State App. Paid: 27
 City & State: 28
 29. Name and Address of Current Registered Agent: 29
 30. Name and Address of New Registered Agent: 30

3. Effective Date of Registration: 06/01/1992
 3a. Date of Last Report: 04/26/1994
 4. FID Number: 65-0336250
 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
 7. Filing by Statute: Yes No

29. Name and Address of Current Registered Agent:
SERFATY, CHARLES S.
1500 NE 162ND ST
SUITE 100
NORTH MIAMI BEACH FL 33162

30. Name and Address of New Registered Agent:
 B1 Name:
 B2 Street Address (P.O. Box Number is Not Applicable):
 B3 City:
 B4 State: **FL** B5 Zip Code:

11. Pursuant to the provisions of sections 219.01 and 607.0105, Florida Statutes, this 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, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of sections 607.0105, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS:		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:	
TYPE	NAME AND ADDRESS	TYPE	NAME AND ADDRESS
DP	NG, KENNETH 14621 BALGOWAN RD., #202 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VSD	NG, KEIRON 14621 BALGOWAN RD., #204 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DT	NG, GINA 1421 N VENETIAN WAY MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	WEITHORN, MARK 1130 STILLWATER DRIVE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S	WEITHORN, DEEDE 1130 STILLWATER DR MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption added in section 219.01, Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and correct and that the signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 219, Florida Statutes, and that my name appears on this report and that I am duly qualified to execute this report with an affidavit with an affidavit.

SIGNATURE: *Kenny* *Keiron Ng* 4/30/95 (305) 940-3149
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

