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LOPEZ

04-29-2004 90278 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001241			
1. Entity Name F.N. KEY CORP.			
Principal Place of Business: 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134		Mailing Address: 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	
2. Principal Place of Business 1570 Madruga Avenue		3. Mailing Address 1570 Madruga Avenue	
Suite, Apt. #, etc. Suite 211		Suite, Apt. #, etc. Suite 211	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33146	Country USA	Zip 33146	Country USA
4. FEI Number 65-1079679		Applied For ☐ \$8.75 Additional Fee Required	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ-GARCIA, JORGE L ESQ 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Jorge L. Lopez-Garcia Street Address (P.O. Box Number Is Not Acceptable) 1570 Madruga Avenue Suite 211 City Coral Gables FL Zip Code 33146	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Jorge L. Lopez-Garcia</i></u> 4/27/04 Signature, typed or printed name of registered agent and vice if applicable. (NOTE: Registered Agent signature required when renouncing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D LARRAURI, RAUL F ☐ Delete 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY- ST- ZIP D Larrauri, Raul F ☒ Change ☐ Addition 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP D Larrauri, Fabiana T ☒ Change ☐ Addition 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D LARRAURI, FABIANA T ☐ Delete 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY- ST- ZIP D Larrauri, Fabiana T ☒ Change ☐ Addition 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP D Narbuburu, Berta A ☒ Change ☐ Addition 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D NARBUBURU, BERTA A ☐ Delete 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY- ST- ZIP D Narbuburu, Berta A ☒ Change ☐ Addition 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP D Narbuburu, Berta A ☒ Change ☐ Addition 1570 Madruga Avenue, Suite 211 Coral Gables, Florida 33146	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Raul F. Larrauri</i></u> RAUL F. LARRAURI Dir. 4/27/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 305-662-2525 Daytime Phone #	

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