

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000027989

**Entity Name:** KADES-II OF MIAMI, INC.

**Current Principal Place of Business:**

C/O R1S, 201 S. BISCAYNE BLVD.  
SUITE 1600  
MIAMI, FL 33131

**Current Mailing Address:**

C/O R1S, 201 S. BISCAYNE BLVD.  
SUITE 1600  
MIAMI, FL 33131

**FEI Number:** 65-0907650

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.,  
SUITE 1500  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PTD  
Name            KAHN, ELENA  
Address        CAMPOS ELISEOS 400  
                  SIXTH FLOOR SUITE 601 A  
City-State-Zip: MEXICO DISTRITO FEDERAL 11560

Title            DVS  
Name            KAHN, DAVID  
Address        2603 BUCKMINSTER COURT  
City-State-Zip: AUSTIN TX 78746

Title            PRES  
Name            KAHN, ABRAHAM  
Address        CAMPOS ELISEOS 400-601-A  
City-State-Zip: MEXICO DF 11560

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABRAHAM KAHNB

**PRESIDENT**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date