

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morand</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **421730** (3)

1. Corporation Name  
**KIMRE, INC..**

Principal Place of Business

**13501 SW 128 ST  
111  
MIAMI FL 33186  
US**

Mailing Address

**P.O. BOX 570846  
MIAMI FL 33257-0846  
US**



3. Date Incorporated or Qualified <b>03/22/1973</b>	3a. Date of Last Report <b>04/16/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 PO Box 571240</b>	4. FEI Number <b>59-1513528</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28 Miami, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip <b>29 33257-1240</b>		

9. Name and Address of Current Registered Agent

**PEDERSEN, GEORGE C.  
13501 SW 128 ST #111  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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:  **George C. Pedersen, President** **1/3/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDERSEN, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>13501 SW 128 ST., STE 111</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHECHESTER, JAMES R</b>	2.2 NAME	
STREET ADDRESS	<b>1350 NW 74 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYATT, JOHANNA</b>	3.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 31</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDERSEN, MARIETTA</b>	4.2 NAME	
STREET ADDRESS	<b>105 FAIRSIDE, UNIT B</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNDEN WA 98264</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORR, MARTINE</b>	5.2 NAME	
STREET ADDRESS	<b>1010 S ORABI CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUEBLO WEST CO 81007</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESSLER, GARY</b>	6.2 NAME	
STREET ADDRESS	<b>13554 SW 58 AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **George C. Pedersen, President** **1/3/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0258803

CR2E034 (9/96)