## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 459830

(6)

Mailing Address

K.I.G. CORPORATION, INC.

Principal Place of Business

May 02 1997 8:00am Secretary of State

**FILED** 

| 2811 N W 5 AVENUE<br>MIAMI FL 33127 |   | 2811 N W 5 AVENUE<br>MIAMI FL 33127-3923                        |                           |                         |   |                                      |               |
|-------------------------------------|---|---|---------------------------|-------------------------|---|--------------------------------------|---------------|
|                                     |   |   |                           |                         | 3. Date Incorporated or Qualified 08/19/1974            | 3a. Date of Last Re<br>09/24/1996    | pport         |
|                                     | ace of Business   | 2a. Mailing Address   |                           |                         | 4. FEI Number   |                                      | plied For     |
| 21                                  |   | 26  |                           | 59-1606724              | =   | Applicable                           |               |
| Suite, Apt.                         | #, etc.   | Suite, Apt. #, etc.   |                           |                         | 5, Certificate of Status Desired                        | □ \$8.75 A                           |               |
| 2                                   |   | 27 City 9 State   |                           |                         | <u> </u>  | Fee Re                               | <del> </del>  |
| City & State                        | •   | City & State  |                           |                         | Election Campaign Financing     Trust Fund Contribution | \$5.00                               |               |
| 3 <br>Zip                           | Country   | <b>28</b> ]   | Cour                      | atry                    |   |                                      |               |
| 4]                                  | 25  | 29  | 30                        |                         | 8. This corporation has liability for i                 | ntangible tax under s.<br>Tyes - Tho | 199.032,      |
| <u>*1</u>                           | 9. Name and Address of Curre  | ·····   | 1301                      |                         | 10. Name and Address of New Re                          |                                      |               |
| KUN                                 | DNANI, RAMESH   |   |                           | 81 Name                 |   |                                      |               |
|                                     | N W 5 AVENUE  |   |                           | 82 Street Add           | ress (P.Q. Box Number is Not Acceptab                   | lo\                                  |               |
|                                     | AI FL 33127   |   |                           | 62 SHEDI AGGI           | ress (F.O. box Number is Not Acceptab                   | ic)                                  |               |
| Militar                             | 11 600121   |   | •                         | 83                      |   |                                      |               |
|                                     |   |   |                           |                         |   |                                      |               |
|                                     |   |   |                           | 84 City                 |   | FL 85 Zip (                          | rode          |
| 11. Pursuant i                      | to the provisions of Sections 607.050   | 02 and 607 1508, Florida State                                  | ites, the at              | ove-named corp          | poration submits this statement for the p               | urpose of changing its               | s registered  |
| office or re                        | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida. Such change was<br>lations of Section 607.0505. F | authorized<br>Iorida Stat | i by the corporatutes.  | tion's board of directors. I hereby accept              | t the appointment as                 | registered    |
| •                                   | my design with a direct coopy and being   | jorono en cooren con macor                                      | 10.700 0.120              |                         |   |                                      |               |
| SIGNATURE                           | Signature, typed or printed name of registered ag                               | ent and title 1 applicable (NC                                  | III Hegistered            | i Agent signature requi | ired when reinstating)                                  | DATE                                 |               |
| 12.                                 |   | ID DIRECTORS  | 13.                       | ·····                   | ADDITIONS/CHANGES TO OFFIC                              |                                      |               |
| TITLE                               | PD  | ☐ DELETE  | 10.10                     | LE .                    |   | L Change                             | Addition      |
| NAME                                | KUNDNANI, RAMESH  |   | 1.2 NA                    | ME                      |   |                                      |               |
| STREET ADDRESS                      | 2811 N W 5 AVENUE   |   | 1,3 \$1                   | REEL ADDRESS            |   |                                      |               |
| CITY-ST-ZIP                         | MIAMI FL  | ·   | 1:4 CF                    | IY-\$1-ZIP              |   |                                      |               |
| TITLE '                             | SD  | L. DELETE   | 2 1 111                   | l.F                     |   | L. Change                            | Addition      |
| NAME                                | KUNDNANI, VISHNO  |   | 2.2 NA                    | ME .                    |   |                                      |               |
| STREET ADDRESS                      | 2811 N W 5 AVENUE   |   | 2.3 ST                    | REFT ADDRESS            | ,   |                                      |               |
| CITY-ST-ZIP                         | MIAM! FL  |   |                           | 1Y - \$1 - ZIP          |   |                                      | -             |
| TITLE                               |   | DELETE  | 3 1 11                    | ILF                     |   | Change                               | Addition      |
| NAME                                |   |   | 3,2 NA                    | IME                     |   |                                      |               |
| STREET ADDRESS                      |   |   | 3 3 ST                    | REET ADDRESS            |   |                                      |               |
| CITY-ST-ZIP                         | <del></del>   |   |                           | TY - S1 - ZIP           |   | Db                                   | LAddition     |
| TITLE                               |   | ☐ DELETE  | . 4111                    |                         |   | L Change                             | Addition      |
| NAME                                |   |   | 4 2 N                     |                         |   |                                      |               |
| STREET ADDRESS                      |   |   |                           | REET ADDRESS            |   |                                      |               |
| CITY-ST-ZIP                         |   | FILLER  |                           | 1Y+S1+7/P               |   | Change                               | Addition      |
| TITLE                               |   | DELETE 51   |                           | 1                       |   | ∟ cuarige                            | Addition      |
| NAME                                |   |   | 5.2 N/                    | l l                     |   |                                      |               |
| STREET ADDRESS                      |   |   |                           | PEET ADDRESS            |   |                                      |               |
| CITY-ST-ZIP                         |   | DELETE  |                           | 1Y-S1-ZIP               |   | Change                               | Addition      |
| TITLE                               | '   | L) out it   | 6.1 TI                    | 1                       |   | Griange                              | LLI AGUIION   |
| NAME                                |   |   | 6.2 N/                    | i                       |   |                                      |               |
| STREET ADDRESS                      |   |   |                           | REET ADORESS            |   |                                      |               |
| CITY-ST-ZIP                         | by earth, that the inferroction a   | ad with this filips does not one                                |                           | 1Y-\$1-ZIP              | d in Section 119.07(3)(i), Florida Statute              | e I further cortifu that             | <u>tho</u>    |
| Informatio                          | on indicated on this annual repor#od  | supplemental annual report is                                   | s true and a              | accurate and tha        | it my signature shall have the same lega                | il eflect as if made un              | aor oatn; tha |
| lam an o                            | iflicer or director of the corporation<br>in Block 12 or Block 13 if changed    | ir the recommender trustee empe                                 | DAKOROK IO C              | execute this repo       | ort as required by Chapter 607, Florida S               | statutes; and that my r              | iame          |