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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

·	JMENT # 75511 K West association, Inc.	(/		A CORANT HADRY BYENT ARROY WHAT ARE	RI 1184 BIBU BURU RIRU BURU BURU BURU BURU
Principal Plac	ce of Business	Mailing Address			
247 MALAGA AVE. CORAL GABLES FL 33134 US		247 MALAGA AVE CORAL GABLES FL US	33134		
5.5				3. Date Incorporated or Qualified 11/13/1980	3a. Date of Last Report 05/01/1995
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.		65-0138244	Not Applicab
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ite	City & State		6. Election Campaign Financing	Fee Hequired
<b>23</b> Zip	Country	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country 25	Zip <b>29</b>	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
	9. Name and Address of Curren	it Registered Agent	30	Florida Statutes	]Yes ∏ No
		V	81 Name	10. Name and Address of New Ro	egistered Agent
LEHOR	R, GEORGE		82 Street A	A	
6910 S	SUNRISE COURT		82   Street F	Address (P.O. Box Number is Not Acceptable	e)
CORAL	. GABLES FL 33133		83		
			84 City		
11 D.		1 - 1 - 17	FL 85 Zip Code		
11. Pursuant	to the producions of Sections 617.0500	1015 1100 5 11 81			rl
11. Pursuant or registe	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statu la. Such change was authori.	tes, the above-named corzed by the corporation's t	rporation submits this statement for the purp	ose of changing its registered office
11. Pursuant or registe familiar w	to the provisions of Sections 617.0502 ired agent, or both, in the State of Flond ith, and accept the obligations of, Section	and 617.1508, Florida Statu la. Such change was authori on 617.0503, Florida Statute	rles, the above-named cor zed by the corporation's b s.	rporation submits this statement for the purp poard of directors. I hereby accept the appoi	ose of changing its registered officent ntment as registered agent. I am
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12.	to the provisions of Sections 617.0502 ared agent, or both, in the State of Florid with, and accept the obligations of, Section Section 1. Separation, typed or perilod name of registered agent a OFFICERS AND	and tilla if applicable (No	ites, the above-named cor zed by the corporation's b s.  OIL: Registered Agent signature rec	quired when reinstating)	ose of changing its registered offic ntment as registered agent. I am
12.	Signature, typical or peritod narrie of registered agent a OFFICE'RS AND PD	and tilla if applicable (No	OTE: Registered Agent signature rec		ose of changing its registered offic ntment as registered agent. I am DATE DEFIS AND DIRECTORS IN 12
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SIGNATURE:

CREDICE LEHOR 3-11-96 305.448-42/3