FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
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DOCI IMENIT	4

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporation	MENT # G390 RCIAL KALA, INC.	91	(5)						
Principal Place	of Business	Ma	iling Address					ANDIN BINDI BIN	
Principal Place of Business COMERCIALKALAINC 850 IVES DIARY RD N. MIAMI BEACH FL 33179		;	20185 COUNTRY CLUB DRIVE 1504-B N. MIAMI BEACH FL 33180		Date Incorporated or Qualified	30 Da	te of Last F	Ponort	
US						04/25/1983		03/30/19	
2. Principal Pla	ce of Business	2a.	Mailing Address			4. FEI Number			Applied For
1]	and the second of the second second of the s	26				59-2478493			Not Applicable
Suite, Apt. #	, etc.	1	Suite, Apt. #, etc.			5. Certificate of Status Desired	П		5 Additional
City & State		27	City & State			A Florida Consider Figure			Required
3		28	Oily & State			Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Country		Zip	Country		8. This corporation has liability for	r intangible		
4	25	29		30		1 '	s ∐No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curre	nt Regist	ered Agent			10. Name and Address of New	Registered	J Agent	
				81	Name				
20185 C	otty trepner Country Club Dr. 1504-b II Beach Fl 33180			82 83	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
				84	City		Fl	85 Zi	ip Code
or registere familiar witl SIGNATURE	od agent, or both, in the State of Flo h, and accept the obligations of, Ser Signature, typed or printed name of registered age	rida. Such ction 607.0	change was authoriz 505, Florida Statutes	zed by the corp	oration's boa	ration submits this statement for the pird of directors. I hereby accept the ap	pointment a	is registered	d agent. I am
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12
IITLE	P		DELETE	1. 1 TITLE				Change	Addition
NAME	anis, lotty trepner			1.2 NAME					
STREET ADDRESS	20185 COUNTRY CLUB DF		3	1.3 STREET					
DITY-ST-ZIP FITLE	N. MIAMI BEACH FL 33180		DELETE	1.4 CITY - S 2 1 TITLE	T- ZIP			Change	☐ Addition
NAME			Doctor	2 2 NAME				☐ Criang	Magazinesi
STREET ADDRESS				2 3 STREET	ADDRESS				
DITY-ST-ZIP				2 4 CITY - S					
HITLE			☐ DELETE	3 1 TITLE		* AND A / A - D - D / D C D - D - D D - D - D - D - D - D - D		☐ Change	☐ Addition
AME.				3 2 NAME					
STREET ADDRESS				3.3 STREE	ADDRESS				
CITY-ST-ZIP				3 4 CITY - S	1 - ZIP			 -	
IITLE			DELETE	4. 1 TITLE				Change	Addition
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET					
HTY-ST-ZIP HTLE			DELETE	4.4 CITY - S 5. 1 TITLE	1-214			Change	Addition
IAME				5.2 NAME					
TREET ADDRESS				5.3 STREET	ADDRESS				
iTY-ST-ZiP				5 4 CITY - S					
litle			☐ DELETE	6. 1 TITLE				Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6 3 STREET	ADDRESS				
CITY-ST-ZIP				64 CITY - S					
certify that	the information indicated on this an	nual report	or supplemental ann	nual report is tru	e and accura	for the exemption stated in Section 11: ate and that my signature shall have th is report as required by Chapter 607, f	e same lega	al effect as i	if made under

4-25-96