FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H09699** **(0)**

1. Corporation Name
KPA, INC.

Principal Place of Business	Mailing Address
ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US	ONE SE THIRD AVE 11TH FLOOR MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1984** | 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. # etc. (22) | Suite Apt. # etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: **59-2435151** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDLANDER & ASSOCIATES, P. A.
ONE SE THIRD AVE
SUITE 1101
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** | 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)
(1) TYPE	DP	☐ Change ☐ Addition
NAME	SMITH, FRED STANTON	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
(2) TYPE	VD	☐ Change ☐ Addition
NAME	SHAW, RAY M.	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
(3) TYPE	TSVD	☐ Change ☐ Addition
NAME	PAPPAS, TIMOTHY D.	
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
(4) TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
(5) TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
(6) TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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: Ray M. Shaw **Ray M. Shaw** **4/26/95** **305-371-3592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131595 CP