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

Feb 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF OPPORATIONS DOCUMENT #

1. Corporation Name H09699 (0)KPA, INC. Principal Place of Business Mailing Address ONE SE THIRD AVE ONE SE THIRD AVE 11TH FLOOR 11TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 06/19/1984 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2435151 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intaggible 24 No. 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRIEDLANDER & ASSOCIATES, P. A. ONE SE THIRD AVE 62 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1101** 83 **MIAMI FL 33131** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME PAPPAS, TIMOTHY 1.2 NAME ONE SE THIRD AVE 11TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 C/TY - ST - 7/P TITLE ___ DELETE 2.1 TITLE Change Addition NAME PAPPAS, MICHAEL I 2.2 NAME STREET ADDRESS ONE SE THIRD AVE 11TH FLOOR 2.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receive or trustee from Block 12 or Block 13 if changed, or on an attach root with an add e

FILED