PROFIT CORPORATION ANNUAL REPORT

1997

KIRA, INC.



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J88173

(6)

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE

FILED May 02 1997 8:00am Secretary of State

	C. Or CHAIR IC 40	Mailing Address				81411 A\A11 64641 61		
Principal Place of Business 1110 BRICKELL AVE SUITE 510 MIAMI FL 33131-3136		1110 BRICKELL AVE SUITE 510	1110 BRICKELL AVE					
		MIAMI PL 33131-3130			3. Date Incorporated or Qualified			port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Apı	plied For
21		26			65-0003858		No	l Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8 .75 A Fee Re	dditional quired
City & Stat	·	City & State		***************************************	6. Election Campaign Financing		5.00	May Be
.3 		28			Trust Fund Contribution		Added to	
Zφ	Country	Zip	Country	/	8. This corporation has liability for i	ntangible tax ı	inder s.	199.032,
4	25	29	30			Yes No		
	Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Re	gistered Ager	ıt .	
CAE	BRERA, CARMEN		81	Name	•			
	02 SW 148 CT		82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
	MI FL 33186		82 Street Ad		iress (1.0. box valitibe) is not nodeplace	,,,,		
TIW W	1 2 33 133		83					
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		T	84	City		FL 85	Zip C	Jode
ad Discussion	to the diagonal Sections (OZ	0632 and 607 1508. Florida Sta	tutos the above	e-named cor	poration submits this statement for the c	ouroose of cha	nging its	s registered
agent La	am familiar with the account to o	100			poration submits this statement for the pation's board of directors. I hereby acception			
-	Stip above, typed or productioan elof registers	ed agent and title it applicable (f	iOTE: Registered Ag	ent signature requ	ired when reinstating)	DATE		
						100 ALID DIE	FATAR	0.01.40
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
	DP	S AND DIRECTORS DELETE	1.1 TITLE				ECTOR Change	
THEF	DP Garcia, Carlos A.							
THEF	DP GARCIA, CARLOS A. 921 HARBOR DR		1.1 TITLE 1.2 NAME	T ADDRESS				
THEF HAME STREET ADDRESS	DP Garcia, Carlos A.	DELETE	1.1 TITLE 1.2 NAME	T ADDRESS			Change	Addition
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The noteby defly that the information supplied with his single described the same legal effect as if made under oath; that information indicated on this annual report or supplemental annual report is 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 to on an attrohment with an address. I am an officer or director of the corporation appears in Block 12 or Block 13 if changed.

SIGNATURE:

Date

Daytime Phone #