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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K09799

(3)

1. Corporation Name  
KAMIRA GROUP INC.

Principal Place of Business

9065 MIRAMAR PARKWAY  
#229  
MIRAMAR FL 33025  
US

Mailing Address

9065 MIRAMAR PARKWAY  
#229  
MIRAMAR FL 33025-2398  
US

3. Date Incorporated or Qualified  
12/28/1987

3a. Date of Last Report  
10/18/1996

2. Principal Place of Business

21 8362 PINES BLVD.

2a. Mailing Address

26 8362 PINES BLVD

4. FEI Number  
65-0038950

Applied For  
Not Applicable

Suite, Apt. #, etc.

117

Suite, Apt. #, etc.

117

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 PEMBROKE PINES

City & State

28 PEMBROKE PINES

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip  
24 33024

Country  
25 USA

Zip  
29 33024

Country  
30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUEVAS, ANTONIO  
9065 MIRAMAR PARKWAY  
#229  
MIRAMAR FL 33025

81 Name ANTONIO CUEVAS

82 Street Address (P.O. Box Number is Not Acceptable)  
8362 PINES BLVD #117

83

84 City PEMBROKE PINES

FL

85 Zip Code 33024

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CUEVAS, ANTONIO  
STREET ADDRESS 8362 PINES BLVD #117  
CITY-ST-ZIP MIRAMAR FL 33025

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTONIO CUEVAS - President 4-29-97 954-987-4427

CR2E034 (9/96)