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 MAR 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K10528 (3)

1. Corporation Name

KIRK LINE, INC. N/K/A K AGENCY, INC

Principal Place of Business	Mailing Address
7875 NW 12TH ST. #220 MIAMI FL 33126	7875 NW 12TH ST. #220 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1988	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0022992	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR
~~80 S.W. 8TH ST.~~
~~STE. 2804~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name: LOUIS STINSON, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 4675 PONCE de LEON BLVD
83: SUITE 305
84 City: CORAL GABLES FL 85 Zip Code: 33146

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] LOUIS STINSON, JR 2/24/1995
(If changing registered agent, this registered agent must sign above. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	D.V.P.S ☑ Change ☐ Addition
NAME	STINSON, LOUIS JR	12 NAME	STINSON, LOUIS. JR.
STREET ADDRESS	~~80 S.W. 8TH ST., STE. 2804~~	13 STREET ADDRESS	4675 PONCE de LEON BLVD #305
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	CORAL GABLES, FLA 33146
TITLE	~~P~~	21 TITLE	☐ Change ☐ Addition
NAME	~~EVELYN, PETER E.~~	22 NAME	
STREET ADDRESS	~~7875 NW 12TH ST, #220~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	000001444530
STREET ADDRESS		33 STREET ADDRESS	-03/31/95--01015--023
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	3/29/95 MB
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: [signature] V.P. 2/24/95 305-667-7571
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
LOUIS STINSON, JR

0123381 CP