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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997	Secretary of State DIVISION OF CORPORATIONS						Secretary of State				
	MENT # K2 RNATIONAL, INC		(9)		-			I KOLUBIN AKO WALA KILAK KIAN BONG AKA		ANAN ANAN ANIN N	EIRI HAD	
Principal Place of Business Mailing Address 1111 LINCOLN ROAD 4TH FLOOR MIAMI BEACH FL 33139 1111 LINCOLN ROAD US MIAMI BEACH FL 33139-2439 US					<u> </u>						••••	
		03						Date Incorporated or Qualified 04/25/1988		oate of Last Ro 101/1996	eport	
2. Principal Pi	lace of Business	2a. M	2a. Mailing Address 26					4. FEI Number Applied For 65-0062154 Not Applicable				
Suite, Apt.	#, etc	27 S	Suite, Apt. #, etc				5.	Certificate of Status Desired		\$8.75 A		
City & State	9	28	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Ζφ 24	Country Zip 25 29 3			30 Col	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
		ss of Current Register	ed Agent				10.	Name and Address of New Re	gistered	Agent		
MECHANICS, ROY						Name						
1111 LINCOLN ROAD					82	82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEACH FL 33139					83	·						
}								······································				
1					84	City			FL	_ '	Code	
11. Pursuant I office or re agent I a	to the provisions of Secti egistered agent, or both m familiar with, and acce	ions 607.0502 and 607 , in the State of Florida ept the obligations of, S	.1508, Florida Statu Such change was section 607.0505, Fl	es, the a authorize orida Sta	bove d by lutes	-named corpo	orporatio ration's l	on submits this statement for the popular of directors. I hereby acceptions are the popular of t	ourpose o	of changing its pointment as	s registered registered	
SIGNATURE						*						
Signiture, typed or printed name of registered agent and title if applicable (NOTE: R 12. OFFICERS AND DIRECTORS					Registered Agent signature require			ADDITIONS/CHANGES TO OFFIC	DATE SERS AN	D DIRECTOR	S IN 12	
TITLE	DP		DELETE			1.1 TITLE		NODITIONS OF THE OTHER) L. 10 / 114	Change	Addition	
NAME	ROTH, ROBERT M.			1.2 N	1.2 NAME			•			}	
STREET ADDRESS	1111 LINCOLN RD.			1.38	1.3 STREET ADDRESS							
CITY-SY-ZIP	MIAMI BEACH FL				1.4 City-St-ZiP							
TITLE				2.1 T	2.1 TITLE					Change	Addition	
NAMÉ				2.2 N								
STREET AUDRESS						ADDRESS [•	
CITY-ST-ZIP			DELETE	2.40 31T		T - ZIP	· 			Change	Addition	
TITLE NAME			L. DELCIE	1		- {				L) Crianilis	□ Noninni	
STREET ADDRESS				3.2 N		ADDRESS			1			
City-St-ZiP						ST-ZIP						
TITLE		······································	DELETE	4.1 7		21-41		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				4.21					*			
STREET ADORESS						ADDRESS					1	

CHTY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information indicated or the same an officer or director. In supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in 8

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS CITY - ST-ZIP

STREET ADDRESS

111LE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition

FILED

May 07 1997 8:00am

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