FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **K32560** (0)

1. Corporation Name

KAS PROPERTIES OF MIAMI, INC.

Principal Place of Business	Mailing Address
7805 SW 179 TERR MIAMI FL 33157 US	7805 SW 179 TERR MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 98-0099950 ☐ 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 (21–30: Suite, Apt #, etc.; City & State; Zip; Country)

9. Name and Address of Current Registered Agent

FAVITTA, CATHERINE IACONIS, ESQ.
2612 NE 3RD ST.
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	AKERS, STEVEN R.
STREET ADDRESS	7805 SW 179 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	PS
NAME	MOSELEY, KATHY
STREET ADDRESS	7805 SW 179 TERR
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

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: Kathy Moseley KATHY Moseley 5-5-95 305-233-6487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0171708 CP