

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 AM 11:41

DOCUMENT # K41279

(6)

1. Corporation Name

KGG FINANCIAL CORP.



Principal Place of Business

**200 S. BISCAYNE BLVD.
SUITE 2400
MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD.
SUITE 2400
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/25/1988** 3a. Date of Last Report **08/01/1994**

4. FEI Number **65-0082265** 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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GADALA-MARIA, JACOBO A.
STREET ADDRESS	168 SE 1ST ST., #300
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	KOFFLER, ROBERT MALCOLM
STREET ADDRESS	168 SE 1ST ST., #300
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Gadala-Maria, Jacobo A.	
1.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 2400	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Perez Branger, Jaime	
2.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 2400	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Yaffar-Pena, Lia	
3.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 2400	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Title

Signature (Block 14)