

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

**FILED**

**May 05 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K72959 (5)**

**1. Corporation Name**  
**KITZ CORPORATION OF FLORIDA**

**Principal Place of Business**

**200 S. BISCAYNE BLVD.**  
**STE. 4800**  
**MIAMI FL 33131**  
**US**

**Mailing Address**

**200 S. BISCAYNE BLVD.**  
**STE 4800**  
**MIAMI FL 33131-2310**  
**US**

**3. Date Incorporated or Qualified**  
**03/15/1989**

**3a. Date of Last Report**  
**05/01/1996**

**2. Principal Place of Business**

**21** State, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

**2a. Mailing Address**

**26** State, Apt. #, etc. **#4874**

**27** **200 S. Biscayne Boulevard**

**28** **Miami, FL**

**29** **33131** **30** Country

**4. FEI Number**

**65-0109156**

**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

**9. Name and Address of Current Registered Agent**

**PENINSULA REGISTERED AGENTS, INC.**  
**200 S. BISCAYNE BLVD.**  
**SUITE 4800**  
**MIAMI FL 33131**

**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 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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**12.1** **PTD** ☐ DELETE

**NAME** **OHTA, MUTSUMI**  
**STREET ADDRESS** **6100 W BY NW BLVD. 100**  
**CITY-ST-ZIP** **HOUSTON TX**

**12.2** **SD** ☐ DELETE

**NAME** **TWELLMAN, STEVE**  
**STREET ADDRESS** **6100 W BY NW BLVD. 100**  
**CITY-ST-ZIP** **HOUSTON TX**

**12.3** ☐ DELETE

**12.4** ☐ DELETE

**12.5** ☐ DELETE

**12.6** ☐ DELETE

**12.7** ☐ DELETE

**12.8** ☐ DELETE

**12.9** ☐ DELETE

**12.10** ☐ DELETE

**12.11** ☐ DELETE

**12.12** ☐ DELETE

**12.13** ☐ DELETE

**12.14** ☐ DELETE

**12.15** ☐ DELETE

**12.16** ☐ DELETE

**12.17** ☐ DELETE

**12.18** ☐ DELETE

**12.19** ☐ DELETE

**12.20** ☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**13.1** ☐ Change ☐ Addition

**13.2** ☐ Change ☐ Addition

**13.3** ☐ Change ☐ Addition

**13.4** ☐ Change ☐ Addition

**13.5** ☐ Change ☐ Addition

**13.6** ☐ Change ☐ Addition

**13.7** ☐ Change ☐ Addition

**13.8** ☐ Change ☐ Addition

**13.9** ☐ Change ☐ Addition

**13.10** ☐ Change ☐ Addition

**13.11** ☐ Change ☐ Addition

**13.12** ☐ Change ☐ Addition

**13.13** ☐ Change ☐ Addition

**13.14** ☐ Change ☐ Addition

**13.15** ☐ Change ☐ Addition

**13.16** ☐ Change ☐ Addition

**13.17** ☐ Change ☐ Addition

**13.18** ☐ Change ☐ Addition

**13.19** ☐ Change ☐ Addition

**13.20** ☐ Change ☐ Addition

**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 attachment with an address.**

**SIGNATURE:**

*Steve Twellman*

**Steve Twellman/Secretary 4/28/97 (281) 491-7333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0173562

CR2E034 (9/96)