


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

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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # <b>L23585</b> (7)																																																																																																																																																			
1. Corporation Name <b>KIFLA INVESTMENTS, INC.</b>																																																																																																																																																			
Principal Place of Business <b>501 BRICKELL KEY DR. SUITE 400 MIAMI FL 33131 US</b>		Mailing Address <b>7512 DR. PHILLIPS BLVD. SUITE 50-223 ORLANDO FL 32819-3100 US</b>																																																																																																																																																	
2. Principal Place of Business 21 <b>7512 DR. PHILLIPS BLVD.</b> Suite, Apt. #, etc. 22 <b>SUITE 50-223</b> City & State 23 <b>ORLANDO, FL</b> Zip 24 <b>32819</b>		2a. Mailing Address 26 <b>7512 DR. PHILLIPS BLVD.</b> Suite, Apt. #, etc. 27 <b>SUITE 50-223</b> City & State 28 <b>ORLANDO, FL</b> Zip 29 <b>32819</b> Country 30 <b>USA</b>																																																																																																																																																	
9. Name and Address of Current Registered Agent <b>SLOSBERGAS, NELSON 501 BRICKELL KEY DR. SUITE 400 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>LEONARD MECHALANGE</b> <b>2607 EAGLES NEST CR.</b> <b>ORLANDO, FLORIDA 32837</b> FL																																																																																																																																																	
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 <i>Leonard Mechalance</i> DATE <b>4-29-97</b> (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SRESNEWSKY, KYRIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>520 BRICKELL KEY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DAHRUJ, JOSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7512 DR. PHILLIPS BLVD., SUITE 50-223</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVPS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SUCAR, ANTONIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7512 DR. PHILLIPS BLVD., SUITE 50-223</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVPT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JODZINSKY, ROBERTO CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7512 DR. PHILLIPS BLVD., SUITE 50-223</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DP	<input checked="" type="checkbox"/> DELETE	NAME	SRESNEWSKY, KYRIL		STREET ADDRESS	520 BRICKELL KEY DR		CITY-ST-ZIP	MIAMI FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	DAHRUJ, JOSE		STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-223		CITY-ST-ZIP	ORLANDO FL 32819		TITLE	DVPS	<input type="checkbox"/> DELETE	NAME	SUCAR, ANTONIO		STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-223		CITY-ST-ZIP	ORLANDO FL 32819		TITLE	DVPT	<input type="checkbox"/> DELETE	NAME	JODZINSKY, ROBERTO CARLOS		STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-223		CITY-ST-ZIP	ORLANDO FL 32819		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>DP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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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: <i>JOSE DAHRUJ</i> DATE: <b>04/29/97</b> TELEPHONE: <b>(407) 342-8335</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																			



CR2E034 (9/96)