FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:13

DOCUMENT # **L25556** **(6)**

1. Corporation Name
KOLBO, INC.

Principal Place of Business	Mailing Address
2390 N.W. 46TH STREET MIAMI FL	2390 N.W. 46TH STREET MIAMI FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1989
3a. Date of Last Report: 09/23/1994

2. Principal Place of Business
21: 2390 N.W. 46 St.
22: Suite, Apt. #, etc.
23: Miami FL.
24: Zip 33142 25: County DADE

2a. Mailing Address
26: 2390 N.W. 46st
27: Suite, Apt. #, etc.
28: Miami FL.
29: Zip 33142 30: County DADE

4. FEI Number: 65-0157996 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARMOLEJOS, JOSE
2390 N.W. 46TH STREET
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: Hector Gil
82 Street Address (P.O. Box Number is Not Acceptable): 2390 N.W. 46 St.
83: Miami
84 City: Miami **FL** 85 Zip Code: 33142

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: Hector P. Gil — Hector G.L — 5/24/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MARMOLEJOS, FLERIDA	1.2 NAME	Hector Gil	
STREET ADDRESS	995 N.E. 132ND STREET	1.3 STREET ADDRESS	2390 N.W. 46 st.	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	Miami FL. 33142	
TITLE		2.1 TITLE	Secretary & Treasurer	☐ Change ☒ Addition
NAME		2.2 NAME	Hector Gil	
STREET ADDRESS		2.3 STREET ADDRESS	2390 N.W. 46st.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL. 33142	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: Hector P. Gil — 5/24/95 — 285-7957
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
Hector Gil

0181859 CP