

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT AMENDED
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L73009

1. Corporation Name

KATOM INTERNATIONAL CORP.

Principal Place of Business

8217 N.W. 66 Street
Miami, Florida 33166

Mailing Address

8217 N.W. 66 Street
Miami, Florida 33166

3. Date Incorporated or Qualified
05-15-1990

3a. Date of Last Report
04-29-1996

2. Principal Place of Business

21 Suite, Apt. # etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0193334

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

GENG, KALOK W.
8217 N.W. 66 Street
Miami, Florida 33166

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 of person whose name is being substituted as the registered agent)

(NOTE: If required, sign for the corporation when filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 D/P/S/T
 NAME **GENG, KALOK W.**
 STREET ADDRESS **10748 Coral Way**
 CITY-ST-ZIP **Miami, Florida**

TITLE DELETE
 NAME **TANG, JOSE**
 STREET ADDRESS **8217 N.W. 66 Street**
 CITY-ST-ZIP **Miami, Florida 33166**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
 D/P/T
 12 NAME **GENG, KALOK W.**
 13 STREET ADDRESS **8217 N.W. 66 Street**
 14 CITY-ST-ZIP **Miami, Florida 33166**

21 TITLE Change Addition
 D/V/S
 22 NAME **GONZALEZ, ANDRES MANUEL**
 23 STREET ADDRESS **131 Dockside Circle**
 24 CITY-ST-ZIP **Ft. Lauderdale, FL. 33327**

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE Change Addition
800001896350
 62 NAME **-07/17/96--01032--042**
*****61.25**
 63 STREET ADDRESS
 64 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 617, 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 SIGNING OFFICER OR DIRECTOR

KALOK GENG DIRECTOR

DATE

7/11/96 (305) 592 4737

DAYTIME PHONE #

CR2E034 (3/96)