

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

PROFIT AMENDED  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L 73009**  
1. Corporation Name

*Amended*

**KATOM INTERNATIONAL CORP.**

**FILED**  
**96 SEP -6 PM 1:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**8217 NW 66th Street**      **8217 NW 66th Street**  
**Miami Florida 33166**      **Miami Florida 33166**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05-15-90**      **07-11-96**

4. FEI Number      Applied For  
**65-0193334**       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      2a. Mailing Address

21. Suite Apt # etc      26. Suite, Apt #, etc

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**GENG, KALOK W**  
**8217 NW 66th 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 for 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS       DELETE

TITLE      **D/P/S/T**

NAME      **GENG, KALOK W**

STREET ADDRESS      **8217 NW 66th Street**

CITY ST ZIP      **Miami Florida 33166**

TITLE       DELETE

NAME      **D/V/S**

STREET ADDRESS      **GONZALEZ, ANDRES MANUEL**

CITY ST ZIP      **131 Dockside Circle**

TITLE       DELETE

NAME      **Port Lauderdale Fl 33327**

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       Change       Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP       Change       Addition

2.1. TITLE

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY - ST - ZIP       Change       Addition

3.1. TITLE

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY - ST - ZIP       Change       Addition

4.1. TITLE

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY - ST - ZIP       Change       Addition

5.1. TITLE

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY - ST - ZIP       Change       Addition

6.1. TITLE

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY - ST - ZIP

000001942300  
-09/09/96 -01037 -009  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

*Handwritten signature and date: 9/6/96*

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: \_\_\_\_\_ DATE: **08-28-96**      (305) 592-4737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Typed Name)

**KALOK W GENG.**