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**Feb 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 # L73009 (7)

1. Corporation Name
KATOM INTERNATIONAL CORP.



Principal Place of Business
**8217 N.W. 66 STREET
MIAMI FL 33168**

Mailing Address
**8217 N.W. 66 STREET
MIAMI FL 33166-2721**

3. Date Incorporated or Qualified 05/15/1990	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0193334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1400 NW 107th Ave	26 1400 NW 107th Ave
Suite, Apt. #, etc. 22 211	Suite, Apt. #, etc. 27 211
City & State 23 Miami, Florida	City & State 28 Miami Florida
Zip 24 33172	Country 25 USA
Country 29 USA	Zip 30 33172

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GENG, KALOK W.		81 Name	
8217 NW 66 St 1400 NW 107th Ave # 211		82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33168 33172		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENG, KALOK W.	1.2 NAME	GENG, KALOK W
STREET ADDRESS	8217 N.W. 66 STREET	1.3 STREET ADDRESS	1400 NW 107th Ave # 211
CITY - ST - ZIP	MIAMI FL 33168	1.4 CITY - ST - ZIP	Miami Florida 33172
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ANDRES M	2.2 NAME	RICARDO GENG
STREET ADDRESS	131 DOCKSIDE CIRCLE	2.3 STREET ADDRESS	1400 NW 107th Ave # 211
CITY - ST - ZIP	FT. LAUDERDALE FL 33327	2.4 CITY - ST - ZIP	Miami Florida 33172
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **RICARDO GENG** **January 12th 1997** **592-4737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)