

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

FILED

Feb 11 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 # L94219 (7)

1. Corporation Name  
K SPORT, INC.

Principal Place of Business

6187 NW 167TH ST.  
UNIT H-7  
MIAMI FL 33015  
US

Mailing Address

6187 N.W. 167TH ST.  
UNIT H7  
MIAMI FL 33015-4301



3. Date Incorporated or Qualified  
08/17/1990

3a. Date of Last Report  
02/08/1996

4. FEI Number  
65-0254756

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

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

10. Name and Address of New Registered Agent

MUSKAT, ARNIE S. ESQUIRE  
16855 N.E. 2ND AVENUE  
SUITE 305  
NORTH MIAMI BEACH FL 33162

81 Name Christopher P. Kelly  
82 Street Address (P.O. Box Number is Not Acceptable)  
11098 Biscayne Blvd.  
83 Suite 205  
84 City Miami FL 85 Zip Code 33161

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

*Christopher P. Kelly* 2/13/97 1/24/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KAPLAN, WARREN A.  
STREET ADDRESS 1291 N.E. 98 ST.  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ DELETE

1.1 TITLE ☐ Change ☐ Add-on  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME KAPLAN, ADA M.  
STREET ADDRESS 1291 N.E. 98 ST.  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME BEGUIRISTAIN, JOSE  
STREET ADDRESS 8025 S.W. 63RD. PLACE  
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

3.1 TITLE VP ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 520 TWOLINE  
3.4 CITY-ST-ZIP CORNWALLS FL 33143

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Warren A. Kaplan* (p445) 1/29/97 3058197888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone

CR2E034 (9/96)