**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 FEB -9 AM 10:21

DOCUMENT # M30619 (4)

1. Corporation Name
K.T.T. ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4154 N.W. 132ND ST.<br>OPALOCKA FL 33054 | 4154 N.W. 132ND ST.<br>OPALOCKA FL 33054 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1986
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business
21 1400 NE 125 Street
Suite, Apt. #, etc. 22
City & State 23 North Miami, FL
Zip 24 33161 Country 25 USA

2a. Mailing Address
26 1400 NE 125 St
Suite, Apt. #, etc. 27
City & State 28 North Miami, FL
Zip 29 33161 Country 30 USA

4. FEI Number: 59-2659598 ☐ 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

FLEISCHMAN, VICTOR
21430 HIGHLAND LAKES BLVD.
N. MIAMI BCH. FL 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | FLEISCHMAN, VICTOR | 1.2 NAME | |
| STREET ADDRESS | 21430 HIGHLAND LKS.BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BCH. FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | FLEISCHMAN, VICTORINE | 2.2 NAME | |
| STREET ADDRESS | 21430 HIGHLAND LKS BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BCH FL | 2.4 CITY-ST-ZIP | |
| 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)(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: X _____ 305-892-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101371 CP