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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION OF C	CORPORATIONS		
DOCUN 1. Corporation	MENT # M4990	61 (9)			
KARDY	NING SOUTHEAST CORP	•			
Principal Place	of Business	Mailing Address		1	0 110: 01414 BITH BITH BINK BIRTH
2121 SW 27 AVE		-2121-SW 27-AVE			
MIAMI FL 33145 US		MAMI FL 80145			
•		00 -		3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Maling Address		04/08/1987 4. FEI Number	05/01/1995 Applied For
21		26 3400 Coral W	ay	59-2808498	Not Applicable
Suite, Apt. #	I, etc	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional
City & State	·	27 600 City & State		6. Election Campaign Financing	Fee Hequired
23		28 Miami, Flori	da	Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _i p	Country	Zip	Country	8. This corporation has liability for i	
24	9, Name and Address of Currer		30 U.S.A	Florida Statutes X Yes 10. Name and Address of New R	No
W	3, 111111	i riogistoras rigeni	81 Name	10, Name and Address of New H	legistereu Agent
Lopera, adriana m.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
2121 SW 27 AVE					
MIAMI F	L 33145		83		
			84 Oity		FL 85 Zip Code
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Spector spector particles and required appropriate	da: Such change was authorized ion 607.0505, Florida Statutes.	by the corporation's boal for the corporation's boal for the state of the corporation for the corporation is presented by the corporation is presented by the corporation in the corporation in the corporation is presented by the corporation in the corporation i	ration submits this statement for the pur rd of directors. I hereby accept the apport	ointment as registered agent. I am
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME	PD Ortiz, Jairo	☐ DELETE	1 1 100E 12 NAME		Change Addition
STREET ADDRESS	2121 SW 27 AVE		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33145		1.4 C-TY - ST - Z-P	33/45	•
THILE	VSTD	☐ DELETE	2 1 TITLE		☐ Change ☑ Addition
NAME	LOPERA, ADRIANA M.		2.2 NAME		
STREET ADDRESS CITY-S1-7IP	2121 SW 27 AVE MIAMI FL 38145		2 3 STREET ADDRESS		
TITLE	MIAMI FL 38/45	T DELETE	2.4 C(1Y+S1+Z(P)) 3.1 T(TLF)	33/45	Change Addition
NAME		_	3.2 NAME		C + 4 C
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		E3 by the	3 4 CHY - ST - ZIP		
TITLE NAME		☐ DECEIE	4 1 1111.8		Change Maddition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE	7.171.171.1	[] DELETE	5 THRE i	20000187 -05/07/96010 ***200.00	Carige Addition
NAME			5.2 NAME	-05/07/9601t)21013
STREET ADDRESS			5.3 STHEET ADDRESS	₹₹₹₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	
CITY-ST-ZIP TITLE		DELETE	5 4 C1Ty - S1 - 21F 6 1 THLF	T 1994-14-	☐ Change ☐ Addition
NAME			6 2 NAME		Li change Madicion
STREET ADORESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6 4 CITY - ST - ZIP		5-1
34 do bereb	certify that the information supplied.	with this filma is valuatably furnish	had and doos not cushbat	or the exemption stated in Section 110	07/9//L) Florido Stot dos 1 fuebras

roo hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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: 🗡

Jajeo Octiz 4-3-96 (905) 446-2055

CR2E034 (12/95)