FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M53940** **(6)**

1. Corporation Name

INKAFASA, INCORPORATED

Principal Place of Business	Mailing Address
% SHARFF, WITTMER, KURTZ & JACKSON, P.A. 4627 PONCE DE LEON BLVD. CORAL GABLES FL 33146	% SHARFF, WITTMER, KURTZ & JACKSON, P.A. 4627 PONCE DE LEON BLVD. CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 06/16/1987
3a. Date of Last Report: 02/24/1995

2. Principal Place of Business
21: 450 - 77th Street
22 Suite, Apt. #, etc.: # 01
23 City & State: Miami Beach, FL
24 Zip: 33141
25 Country: US

2a. Mailing Address
26: P.O. Box 414276
27 Suite, Apt. #, etc.:
28 City & State: Miami Beach, Fl
29 Zip: 33141
30 Country: US

4. FEI Number: 65-0041790 ☐ 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

HAMLIN, SHARON K. C.P.A.
4627 PONCE DE LEON BLVD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Humberto Kafati
82 Street Address (P.O. Box Number is Not Acceptable)
83: 450-77th Street, #01
84 City: Miami Beach FL 85 Zip Code: 33141

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: Humberto R. Kafati - Secretary DATE: 6-1-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Same (P)	☒ Change ☐ Addition
NAME	KAFATI, OSCAR		1.2 NAME		
STREET ADDRESS	4627 PONCE DE LEON		1.3 STREET ADDRESS	450-77th Street, #01	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami Beach, Fl 33141	
TITLE	VP	☐ DELETE	2.1 TITLE	Same (VP)	☒ Change ☐ Addition
NAME	KAFATI, ESTELA		2.2 NAME		
STREET ADDRESS	4627 PONCE DE LEON		2.3 STREET ADDRESS	450-77th Street, #01	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Miami Beach, Fl 33141	
TITLE	S	☐ DELETE	3.1 TITLE	Same (S)	☒ Change ☐ Addition
NAME	KAFATI, HUMBERTO		3.2 NAME		
STREET ADDRESS	4627 PONCE DE LEON		3.3 STREET ADDRESS	450-77th Street, #01	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Miami Beach, Fl 33141	
TITLE	T	☐ DELETE	4.1 TITLE	Same (T)	☒ Change ☐ Addition
NAME	KAFATI, OSCAR		4.2 NAME		
STREET ADDRESS	4627 PONCE DE LEON		4.3 STREET ADDRESS	450-77th Street, #01	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Miami Beach, Fl 33141	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 added on an attachment with an address.

SIGNATURE: Humberto R. Kafati 5-8-96 (305) 866-6574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER
SECRETARY