

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

APPROVED
AND
FILED

95 APR 25 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66333

(9)

1. Corporation Name

KILMS CORP.

Principal Place of Business

% MURAI, WALD, BIONDO, MATTHEWS & MORENO
25 S.E. 2ND AVE., SUITE 900
MIAMI FL 33131-1679

Mailing Address

% MURAI, WALD, BIONDO, MATTHEWS & MORENO
25 S.E. 2ND AVE., SUITE 900
MIAMI FL 33131-1679

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/29/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0052720

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

6. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 504 BILTMORE WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 504 BILTMORE WAY
Suite, Apt. #, etc.

22 City & State

23 Coral Gables, FL
Zip Country

27 City & State

28 Coral Gables, Florida
Zip Country

24 33134

25 Dade

29 33134

30 Dade

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131

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

Signature (typed or printed name of registered agent and file # applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROJO, LUISA
STREET ADDRESS 504 BILTMORE WAY
CITY - ST - ZIP CORAL GABLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 unchanged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature (Name)