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
95 JAN 25 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M67696** **(8)**

1. Corporation Name
KMT SALES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O TERESA ROMAGUERA~~ c/o Manuel Romaguera 985 W. 80TH PLACE HIALEAH FL 33014	~~C/O TERESA ROMAGUERA~~ c/o Manuel Romaguera 985 W. 80TH PLACE HIALEAH FL 33014

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 7930 W. 26 Ave.	26 7930 W. 26 Avenue
Suite, Apt. #, etc. 22 #4	Suite, Apt. #, etc. 27 #4
City & State 23 Hialeah, Florida	City & State 28 Hialeah, Florida
Zip 24 33016 Country 25 U.S.	Zip 29 33016 Country 30 U.S.

4. FEI Number: 65-0032156 ☐ 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	10. Name and Address of New Registered Agent
ROMAGUERA, TERESA 985 W. 80TH PLACE HIALEAH FL 33014	81 Name: Manuel Romaguera 82 Street Address (P.O. Box Number is Not Acceptable): 7930 W. 26 Avenue., #4 83 84 City: Hialeah, FL 85 Zip Code: 33016

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: _____ 1-9-95
(Signature of printed name of registered agent and officer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D.	1.1 TITLE		☒ Change ☐ Addition
NAME	ROMAGUERA, TERESA C.	1.2 NAME		
STREET ADDRESS	985 W. 80TH PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Resigned.	
TITLE	D	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ROMAGUERA, MANUEL	2.2 NAME	Manuel Romaguera	
STREET ADDRESS	985 W. 80TH PLACE	2.3 STREET ADDRESS	7930 W. 26 Ave., #4	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah, Florida 33016	
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: _____ 1-9-95 (305) 825 5882
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0004818 CP