CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M78915

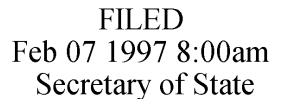
(9)

KIMI, INC.

Principal Place of Business Mailing Address

701 N.E. 2ND AVENUE

701 N.E. 2ND AVENUE





MIAMI FL 33132		MIAMI FL 33132-1813							
					3. Date incorporated or Qualified 04/25/1988		3a, Date of Last Report 04/19/1996		
2. Principal Place	e of Business	2a. Mailing Address		<del></del>	4. FEI Number	······································	Apı	olied For	
21		26			65-0119856		<del></del>	Applicable	
Suite Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 ( Added to		
Zip	Country	Zip	Count	у	8. This corporation has liability for i			199.032,	
24	25 9. Name and Address of Curre	29	30			Yes (N	_		
		nt Hegistered Agent	8	Name	10. Name and Address of New Re	disteled & de	11		
	is, John C. E. 2nd avenue		Ľ	Harria					
	E. ZND AVENUE FL 33132		8:	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
ma ani			8	3		· · · · · · · · · · · · · · · · · · ·			
			8-	City		85	Zip C	ode	
			"	· City		FL  °	, z.p.c	.006	
office or regi agent I am I SIGNATURE	istered agent, or both, in the State famil ar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, F	s authorized l Florida Statut	by the corpores.	proration submits this statement for the pration's board of directors. I hereby accep	ot the appointr	nent as i	registered	
·	native. Specific product name of registered ag			gent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	ECTOD	C IAI 40	
12.	PSD OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	The same of the sa	Change	Addition	
	DE THALASSINOS, IRENE	OLC: 15	1.2 NAM				ondingo	riodition	
	'01 N.E. 2ND AVE.			T ADORESS					
	MAMI FL		1.4 CITY-						
TITLE 8		☐ DELETE	217171.	<del></del>			Change	Addition	
	THALASSINOS, MARIA A		2.2 NAMI	:					
Country of the Country of	701 NE 2ND AVENUE		23 STRE	T ADDRESS					
OTT 51 24	MAMI FL 33132	VANDA II N	2 4 CITY			···	·····		
TITLE	ILLAL ADDINIOS AIIVVI	DELETE	3 1 TITLE	)		L	Change	Addition	
4	THALASSINOS, NIKKI 701 NE 2ND AVENUE		3 2 NAM	ì					
L L	MAMI FL 33132			ET ADDRESS					
CITY-ST-Z-P THEE		DELETE	3.4. C(TY 4.1 T()*LE				Change	Addition	
NAME			4. 2 NAM	\ \		_	•		
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP			4.4 CITY	·ST · ZIP					
TOTALE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAM	1					
STREET ADDRESS				ET ADDRESS					
CHY-ST-ZIP		DELETE	5.4 CHY				Change	Addition	
TILLE		ר"ו חברבוב	6.1 TITLE			LJ	ougude	LE MOURIOR	
NAME STREET ADDRESS			6.2 NAMI	ET ADDRESS					
			6.4 CITY						
CITY - ST - ZIP			0.9 0.11 1	DI TIF	# 1 D - F - 440 03/0V/ F - 24 04-44				

I do hereby cc1 by that the information supplied with this filing 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 cam an officer or director of the corporation or the receiver or trustee supposered 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 a address.

SIGNATURE: Irene de Thalassinos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR