## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M93262

(7)

KAMI USA SALES, INC.

FILED	
Apr 18 1997 8:00am	1
Secretary of State	

Principal Place of Business 104-1 L M. GAINES BLVD UNIT #1		Mailing Address  104-1 C. M. GAINES BLVD. UNIT #1. P. O. BOX 1235				
STARKE FL 32 US	091	STARKE FL 32091 US			3. Date Incorporated or Qualified 08/04/1988	3a. Date of Last Report 02/14/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-2892156	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. [27]		5. Certificate of Status Desired	SB.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip	Country	Zip Country		Trust Fund Contribution	Added to Fees	
24	25	29	Country 30			Y Yes No
	9, Name and Address of Curren	Registered Agent		: [:	10. Name and Address of New Re	gistered Agent
	TY, RICHARD E.		8	1 Name		
	N. TEMPLE AVE.		8	2 Street A	ddress (P.O. Box Number is Not Acceptab	ગેંદ)
SIA	RKE FL 32091		8	3		
			ļ			
			8	4 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050% ogistered agent, or both, in the State	and 607.1508, Florida Sta of Florida, Such change wa	tules, the abo	ve-named o by the corp	corporation submits this statement for the poration's board of directors. Thereby accept	ourpose of changing its registered of the appointment as registered
	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Statut	DS.		
SIGNATURE	Stgnature, typed or printed name of registered age	d and allo if applicable (f	NOTE: Registered A	god signature r	equired when reinstating)	DVJF
12.	OFFICERS AND		13.	T = -1	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 Tilli E			Change Addition
NAME	GAWLIK, CLAUS		1.2 NAM			
STREET ADDRESS	FRAUEN 'HOLZ STR. 10		- 1	T ADDRESS		
City-St-ZiP	D-90419 NUERNBERG 91 GE	DELETE	1.4 C(TY	ST-ZiP		Change Addition
TITLE NAME	STD SIEBOLD, GEORGE R.	L_I DETERM	2.1 TULE 2.2 NAMI			C1 charife T3 Addition
STREET ADDRESS	1011-A WEST PRATT STREET			L ADDRESS		ļ
CITY-ST-ZIP	STARKE FL		2.4 GITY			
TITLE		DELETE	3.1 1016	1		☐ Change ☐ Addition
NAME			3.2 NAM			
STREET ADDRESS			3 3 S1RE	T ADDRESS		
CITY-ST-ZIP		······································	3.4. CITY	- S1 - ZIF		
TITLE		LI DECETE	4.1 3011			L_  Change L_  Addition
NAME		•	4 2 NAM	E		
STREET ADDRESS				LADDRESS		
CITY-ST-ZIP TITLE			44 CITY	ST-ZIP		Change Addition
. 1		L. Ditten	5 1 111LE	1		CHOH-GER C ABB-(IOH
NAME STREET ADDRESS			5.2 NAMI			
CITY-ST-ZIP			5.3 STRU 5.4 CITY	T ADDRESS		
TITLE		DOLLETE	6.1 10 LE	31-71		Change Addition
NAME	1		6.2 NAME	1		man a consider from a constitution
STREET ADDRESS				LADDRESS		ľ
SHIPEL WORKSO			U.J. Jihit	- CONTRACTOR		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the convertion 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