

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000784 (8)

1. Corporation Name

KISS TRUST, INC.

Principal Place of Business

154 SEBRING DR.
TAVERNIER FL 33070

Mailing Address

154 SEBRING DR.
TAVERNIER FL 33070



3. Date Incorporated or Qualified

02/15/1994

3a. Date of Last Report

08/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DELVALLE, SUSAN
154 SEBRING DR.
TAVERNIER FL 33070

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 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEL VALLE, CARLOS
STREET ADDRESS 154 SEBRING DR.
CITY-STATE-ZIP TAVERNIER FL

DELETE

TITLE VTD
NAME DEL VALLE, SUSAN
STREET ADDRESS 154 SEBRING DR.
CITY-STATE-ZIP TAVERNIER FL

DELETE

TITLE SD
NAME BIRNIE, CATRIONA
STREET ADDRESS 1500 OCEAN BAY DR F8
CITY-STATE-ZIP KEY LARGO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

59 Bonafish

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan E DelValle Susan E DelValle 8/2/96 305-451-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (12/95)