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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 3:18

DOCUMENT # P38026 (1)

1. Corporation Name
KALGLAS INTERNATIONAL INC.

Principal Place of Business	Mailing Address
7826 NW 53RD ST MIAMI FL 33166 US	7826 NW 53RD ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 13-1975018 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LICHTMAN, CHARLES T.
EMERALD LAKE CORPORATE PARK, SUITE B
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312-6525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	1.1 TITLE	DVS	☑ Change ☐ Addition
NAME	BROIDE, ISRAEL	1.2 NAME	BROIDE,ISRAEL	
STREET ADDRESS	4805 NW 79TH AVENUE #17	1.3 STREET ADDRESS	7826 N.W 53rd St.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami,Fl 33166	
TITLE	DPT	2.1 TITLE	DPT	☑ Change ☐ Addition
NAME	BROIDE, BERNARD	2.2 NAME	BROIDE,BERNARD	
STREET ADDRESS	4805 NW 79TH AVENUE #17	2.3 STREET ADDRESS	7826 N.W. 53rd St.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	ORTEGA, JORGE	3.2 NAME		
STREET ADDRESS	4805 NW 79TH AVNEUE #17	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☑ Change ☐ Addition
NAME	NUEZ, VILMA	4.2 NAME		
STREET ADDRESS	4805 NW 79TH AVENUE #17	4.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	MIAMI FL	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: Israel Broide 1-30-95 (305) 471-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102006 CP