FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P38026** **(1)**

1. Corporate Name

KALGLAS INTERNATIONAL INC.

Principal Place of Business

7826 NW 53RD ST
MIAMI FL 33166
US

Mailing Address

7826 NW 53RD ST
MIAMI FL 33166
US

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip
29
Country
30

3. Date Incorporated (or Qualified): **03/24/1992**

3a. Date of Last Report: **02/02/1995**

4. FEI Number: **13-1975018**
[ ] 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. [X] 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 Section [illegible] Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent.

Signature

12. OFFICERS AND DIRECTORS

Title	DVS	[ ] Delete
Name	BROIDE, ISRAEL	
Address	7826 NW 53RD ST	
City/State	MIAMI FL	
Title	DPT	[ ] Delete
Name	BROIDE, BERNARD	
Address	7826 NW 53RD ST	
City/State	MIAMI FL	
Title		[ ] Delete
Name		
Address		
City/State		
Title		[ ] Delete
Name		
Address		
City/State		
Title		[ ] Delete
Name		
Address		
City/State		
Title		[ ] Delete
Name		
Address		
City/State		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	[ ] Change	[ ] Addition
Name		
Address		
City/State		
Title	[ ] Change	[ ] Addition
Name		
Address		
City/State		
Title	[ ] Change	[ ] Addition
Name		
Address		
City/State		
Title	[ ] Change	[ ] Addition
Name		
Address		
City/State		
Title	[ ] Change	[ ] Addition
Name		
Address		
City/State		
Title	[ ] Change	[ ] Addition
Name		
Address		
City/State		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or on any attached sheet.

SIGNATURE: [illegible] 1-17-96 (305) 471-0827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)