

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P40603** (3)  
 1. Corporation Name  
**KEY NORTH CORP.**



Principal Place of Business: **431 N MASHIA DR, KEY BISCAYNE FL 33149 US**  
 Mailing Address: **431 N MASHIA DR, KEY BISCAYNE FL 33149-1717 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date incorporated or Qualified: **09/23/1992**  
 3a. Date of Last Report: **01/30/1996**  
 4. FEI Number: **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:  Yes  No

9. Name and Address of Current Registered Agent  
 LEHMAN, RICHARD S.  
 2600 N. MILITARY TRAIL  
 SUITE 270  
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
 81 Name: **NELSON SLOSBERGAS**  
 82 Street Address (P.O. Box Number is Not Acceptable): **501 Brickell Key Drive**  
 83 **Suite 400**  
 84 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0402 and 607.1808, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WORLDWIDE CORPORATE SERVICES INC. LTD.</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MATSEVA</b>
STREET ADDRESS	<b>8025 CECIL ST</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ARMAN CORPORATE SERVICES LIMITED</b>
1.3 STREET ADDRESS	<b>501 Brickell Key Drive, Ste 400</b>
1.4 CITY-ST-ZIP	<b>Miami, Florida 33131</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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), 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: **Arman Corporate Services Limited**

CR2E034 (9/96)