

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000001197 (2)**

1. Corporation Name

KEY INTERNATIONAL GROUP, INC.



Principal Place of Business

Mailing Address

948 BRICKELL AVE.
STE. #1000
MIAMI FL 33131
US

848 BRICKELL AVE.
STE. #1000
MIAMI FL 33131
US

3. Date Incorporated or Qualified
11/10/1978

3a. Date of Last Report
01/27/1995

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

10. Name and Address of New Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BLDG.
25 SE 2ND AVE.
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARDIN, PALOMA	
STREET ADDRESS	5975 SUNSET DR. STE. 801	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDID, MIGUEL	
STREET ADDRESS	5975 SUNSET DR. STE. 801	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNOZ, GONGALO	
STREET ADDRESS	5975 SUNSET DR. STE. 801	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	848 BRICKELL AVENUE SUITE 1000
1.4 CITY-ST-ZIP	MIAMI, FL. 33131
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	848 BRICKELL AVE SUITE 1000
2.4 CITY-ST-ZIP	MIAMI FL. 33131
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	848 BRICKELL AVE SUITE 1000
3.4 CITY-ST-ZIP	MIAMI FL. 33131
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	JOSE M ARDID
4.4 CITY-ST-ZIP	848 BRICKELL AVE. SUITE 1000
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	700001752517
6.3 STREET ADDRESS	-03/21/96--01049--017
6.4 CITY-ST-ZIP	***200.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paloma

3/18/96

(305) 977-1001

CR2E034 (12/95)