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 # **P92000004052 (6)**

1. Corporation Name

KINGRICH CORP.

Principal Place of Business	Mailing Address
2385 NE 199TH ST MIAMI FL 33180	2385 NE 199TH ST MIAMI FL 33180

3. Date Incorporated or Qualified: **11/13/1992**

3a. Date of Last Report: **09/13/1995**

2. Principal Place of Business	2a. Mailing Address
21 981 S. STATE Rd. 7	26 981 S. STATE Rd. 7
Suite, Apt. #, etc. 22 N. LAUDERDALE, FL.	Suite, Apt. #, etc. 27 N. LAUDERDALE, FL. 3318
City & State 23	City & State 28
Zip 24 33068 Country 25 USA	Zip 29 33180 Country 30 USA

4. FEI Number: **65-0421258** ☐ 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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIGLER, ANA L 2491 NW 7TH ST MIAMI FL 33125	81 Name: KENNETH CARRUSE C/O 82 Street Address (P.O. Box Number is Not Acceptable): 1925 PONCE DE LEON BLVD. 83 84 City: CORAL GABLES, FL 85 Zip Code: 33134

1♯. 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] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1 TITLE	CHAIRMAN	☑ Change ☐ Addition
NAME	PERAZA, JULIO		1.2 NAME		
STREET ADDRESS	2385 NE 199TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	PERAZA, HILDA		2.2 NAME		
STREET ADDRESS	2385 NE 199TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	SECRETARY/TREASURER	☐ Change ☑ Addition
NAME			3.2 NAME	REINALDO J. PERAZA	
STREET ADDRESS			3.3 STREET ADDRESS	2385 NE 199ST	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FL. 33180	
TITLE		☐ DELETE	4.1 TITLE	VICE-PRESIDENT	☐ Change ☑ Addition
NAME			4.2 NAME	RICARDO J. PERAZA	
STREET ADDRESS			4.3 STREET ADDRESS	2385 NE 199ST	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL. 33180	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	800001829238	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-05/20/96--01043--021	
TITLE		☐ DELETE	6.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] HILDA D. PERAZA (PRESIDENT) 4-10-96 (954) 9691711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #