FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 16 PM 3:33

DOCUMENT # **P92000009984 (5)**

1. Corporation Name
KC II 820, INC.

Principal Place of Business	Mailing Address
1 SE 3 AVE SUITE 1400 MIAMI FL 33131	1 SE 3 AVE SUITE 1400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0377166 ☐ 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

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

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

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
~~1400 A AMERIFIRST BLDG~~ Suite 1400
1 SE 3 AVE
MIAMI FL 33131

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	CORDRAY, SUE	12 NAME	DELETE
STREET ADDRESS	1 SE 3 AVE #1400	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	P/T/D ☒ Change ☐ Addition
NAME	JACKSON, CARLA	22 NAME	CARLA JACKSON
STREET ADDRESS	1 SE 3 AVE #1400	23 STREET ADDRESS	1 S.E. 3RD AVE., SUITE 1400
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VASD	31 TITLE	V/S/D ☒ Change ☐ Addition
NAME	RICHARD, ARIONE	32 NAME	ARIONE RICHARD
STREET ADDRESS	1 SE 3 AVE #1400	33 STREET ADDRESS	1 S.E. 3RD AVE., SUITE 1400
CITY-ST-ZIP	MIAMI FL 33131	34 CITY-ST-ZIP	MIAMI, FL 33131
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Carla Jackson Pres 2-13-96 305 3779353
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carla Jackson

0131000 CP