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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996					Secretary of State DIVISION OF CORPORATIONS										
[1.	OCUN Corporation I	1ENT :	# P9300	000)4123 (4	!)									
	KB-MJ	PROPER	TIES, INC							4 184118 61 410 18:86 1	ilin Asın Asın	ri Allani Al lani	BB::: 4168:		
Principal Place of Business				Mai	Mailing Address					1 10011901 119 10190 1	1101 48 111 48 41	!! !!! !!!! !	16(t) 9 (08)	, FIGURE	
2199 N.W. 22 CT, Miami Fl. 33142 US				2199 NW 22 CT N MIAMI FL 33142 US											
					••				3	Date Incorporated or 01/06/1993	Qualified		e of Last 05/01/		
	Principal Plac	e of Busines	S	-	Mailing Address				4.	FEI Number		·····		_+	lied For
21	Suite, Apt. #,	etc.		26	Suite, Apt. #, etc.				_	65-0389189					Applicable
22				27	Sand, 7 471. II Joto.				5.	Certificate of Status I	Desired			PO Req	dditional quired
00	City & State				City & State				6.	Election Campaign Fi					May Be
23	Zip		Country	28	Zip	Cou	ntrv		9	Trust Fund Contributi This corporation has				ided to	
24		2	5	29	·	30	,		"	Florida Statutes		Mo □ No	ax unuer	5 19	9.002,
		9. Name a	nd Address of Curren	Registe	ered Agent				10	Name and Address	of New R	egistered	Agent		
	HODGE	STEPHEN	•				81	Name							
	2199 NW		3				82	Street Ad	ldress (P	.O. Box Number is No	Acceptab	le)			
	MIAMI FL						83								
							84	City					85	Zip Ci	odo
							ļ	•				FL	_	-	
	or registered	the provision diagent, or b	ns of Sections 607.0502 oth, in the State of Florid the obligations of, Secti	and 607. la. Such d	1508, Florida Statute change was authorize	es, the abo ed by the c	ve-n :orpc	amed corp bration's bo	poration s pard of d	submits this statement irectors. I hereby acce	for the pur ot the appo	pose of ch pintment as	anging it register	is regis red agr	stered office ent. I am
SIC.		, and accept	the obligations of, Section	on 607.00	505, Florida Statutes.										
510	GNATURE s	gnature, typed or	printed name of registered agent :	and title if ap-	picable (NO)	TE Registered	Agent	signature requ	ired when n	einstating)	-	DATE			
12			OFFICERS AND	DIRECT		13.		·· ··· ···		ADDITIONS/CHANGE	S TO OFFI				
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14. I do hereby certify that the information supplied with this filling 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.

62 NAME

6.9 STREET ADDRESS

SIGNATURE:

STHEET ADDRESS