

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058912 (5)

1. Corporation Name

KEY OF SUCCESS INTERNATIONAL, CORP.



Principal Place of Business

8381 NW 66TH ST
#305
MIAMI FL 33166
US

Mailing Address

8381 NW 66TH ST
#305
MIAMI FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 200 MONTCLAIRE DR

22 City & State

27 City & State

23 Zip Country

28 FT. LDLE FL
29 33326 30 USA

9. Name and Address of Current Registered Agent

CARRERO, GLORIA
200 MONTCLAIRE DR
#305
FORT LAUDERDALE FL 33326

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

02/10/1995

4. FEI Number

65-0435381

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

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

Signature of Registered Agent (Typed or Printed Name of Agent)

Signature of Registered Agent (Typed or Printed Name of Agent)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

D
NAME
CARRERO, GLORIA
STREET ADDRESS
8381 NW 66TH ST
CITY-STATE-ZIP
MIAMI FL

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-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)(g), 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:

Gloria Carrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA CARRERO

01-23-96 (305) 389-7800

CR2E034 (12/95)