

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 31 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P93000058912 (5)

1. Corporation Name  
KEY OF SUCCESS INTERNATIONAL, CORP.

|  |  |
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| Principal Place of Business<br>6361 NW 66TH ST<br>#305<br>MIAMI FL 33166<br>US | Mailing Address<br>200 MONTCLAIR DR.<br>#305<br>FT. LAUDERDALE FL 33326-3588<br>US |
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|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>08/23/1993 | 3a. Date of Last Report<br>02/06/1996 |
|---|---------------------------------------|

|   |  |   |
|---|--|---|
| 2. Principal Place of Business<br>21 10249 N.W 57 Terr<br>Suite, Apt. #, etc.<br>22 City & State<br>23 MIAMI FLORIDA<br>24 Zip 33178 25 Country U.S.A | 2a. Mailing Address<br>26 SAME AS 2<br>Suite, Apt. #, etc.<br>27 City & State<br>28 Zip 33178 29 Country U.S.A | 4. FET Number<br>65-0435381<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
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|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>CARRERO, GLORIA<br>200 MONTCLAIRE DR<br>#305<br>FORT LAUDERDALE FL 33326 | 10. Name and Address of New Registered Agent<br>81 Name JULIO FIGUEROA<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>10249 N.W 57 Terrace<br>83<br>84 City MIAMI FL 85 Zip Code 33178 |
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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] (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | D CARRERO, GLORIA               | 1.2 NAME  | P FIGUEROA JULIO  |
| STREET ADDRESS             | 200 MONTCLAIRE DR.              | 1.3 STREET ADDRESS                                    | 10249 N.W 57 Terr   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL               | 1.4 CITY-ST-ZIP                                       | MIAMI FL 33178  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing 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]

CR2E034 (9/96)