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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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P93000068015 (5) **DOCUMENT #**

KALUZA	INTERNATIONAL	SERVICES.	INC.

Principal Plac	e of Business	Mailing Address		I 40011834 110 10100 11111 80114 08	411: 00414 00118 01101 10161 00401 11041 0111 1001
1901 BRIC APT B-190 MIAMI FL		1901 BRICKE APT B-1906 MIAMI FL 331		Date Incorporated or Qualified	3a. Date of Last Report
				09/30/1993	04/21/1995
2. Principal P	Place of Business	2a. Mailing Addre	SS	4. FEI Number	Applied For
21		26		65-0441413	Not Applicable
Suite, Apt. 22		Suite, Apt. #,	etc.	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	te	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Ζφ 29	Country 30	This corporation has liability for in Florida Statutes Yes	intangible tax under si 199.032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
	ZA, BOZENA J		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)
	BRICKELL AVE 3-1906		83		
	FL 33129				
tein sim	T T L GOTED		84 City		FL 85 Zip Code
or registe	to the provisions of Sections 607.0 ered agent, or both, in the State of ith, and accept the obligations of	Florida. Such change was a	uthorized by the corporation's bo	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE					
	Signature, typed or printed harrie of registered		(NOTE: Registered Agent signaturing a pe		DATE
12. TITLE	PD	AND DIRECTORS	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	KALUZA, BOZENA J		1.2 NAME		C. Change C. Mounton
STREET ADDRESS	1901 BRICKELL AVE AP	T B1906	1.3 STHEFT ADDRESS		
C-1Y - S1 - Z-P	MIAMI FL 33129	. 5.000	1.4 CITY - ST - ZIP		
THEF		DELE			Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - S1 - ZIP			2.4.01TY-S1-7-P		
TITLE		DELE	TE 3 1 TITLE	7514	Change Addition
NAME			3.2 NAME		
STREEL ADDRESS			3.3 STHEET ADDRESS		
CHY-SI-ZIF			3.4 CHY- \$1 - ZiF		
TITLE		☐ DEFE	TE 4 1 HTLE		Change 🔲 Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-7IP			4.4 CHY - ST - 7IP		
1111.6		DELE	IE 5 1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
C(1Y - S1 - Z(P			5.4.C(1)Y · S1 · Z(F)		
TITLE		☐ DELE	TE 6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CHTY- \$1-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)(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 certify 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:

Of OI GC

DIF STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/96