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FILED
May 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P93000081414

1. Corporation Name

KAMANIN, INC.

Principal Place of Business	Mailing Address
6262 Bird Road Suite 3I Miami, FL 33155	6262 Bird Road Suite 3I Miami, Florida 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993

2. Principal Place of Business	2a. Mailing Address
21 c/o 5200 Blue Lagoon Dr.	26 c/o 5200 Blue Lagoon Dr.
Suite, Apt. #, etc. 22 Suite 700	Suite, Apt. #, etc. 27 Suite 700
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33126 / 25	Zip / Country 29 33126 / 30

4. FEI Number: 59-2508603 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZULUETA, IGNACIO G.
6262 Bird Road
Suite 3I
Miami, FL 33155

10. Name and Address of New Registered Agent

81 Name: MIAMI CORPORATE SYSTEMS, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 5200 Blue Lagoon Drive
83 Suite 700
84 City: Miami **FL** 85 Zip Code: 33126

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 _____ Ramon E. Rasco, President _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ORRIOLS, ALINA 6262 Bird Road Ste 3I Miami, FL 33155	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP RASCO, RAMON E. 5200 Blue Lagoon Drive #700 Miami, Florida 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZULUETA, IGNACIO G. 6262 Bird Road, Ste 3I Miami, FL 33155	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S ESQUENAZI, SALOMON B. 5200 Blue Lagoon Drive #700 Miami, Florida 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I 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: _____ Ramon E. Rasco, President (305) 261-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date