FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001545828
-07/25/95--01105--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000016607 (1)

1. Corporation Name
KBM INVESTMENTS, INC.

Principal Place of Business
12550 BISCAYNE BLVD.
SUITE 402
N. MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD.
SUITE 402
N. MIAMI FL 33181

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: Applied for
☐ 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. 199.0. Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOUIS, MARTHA
12550 BISCAYNE BLVD.
SUITE 402
N. MIAMI FL 33181

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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE		1. TITLE	D/S	☐ Change ☒ Addition
NAME		1. NAME	Martha Bouis	
STREET ADDRESS		1. STREET ADDRESS	12550 Bisc. Blvd	
CITY-ST-ZIP		1. CITY-ST-ZIP	N Miami FL 33181	
TITLE		2. TITLE		☐ Change ☐ Addition
NAME		2. NAME		
STREET ADDRESS		2. STREET ADDRESS		
CITY-ST-ZIP		2. CITY-ST-ZIP		
TITLE		3. TITLE		☐ Change ☐ Addition
NAME		3. NAME		
STREET ADDRESS		3. STREET ADDRESS		
CITY-ST-ZIP		3. CITY-ST-ZIP		
TITLE		4. TITLE		☐ Change ☐ Addition
NAME		4. NAME		
STREET ADDRESS		4. STREET ADDRESS		
CITY-ST-ZIP		4. CITY-ST-ZIP		
TITLE		5. TITLE		☐ Change ☐ Addition
NAME		5. NAME		
STREET ADDRESS		5. STREET ADDRESS		
CITY-ST-ZIP		5. CITY-ST-ZIP		
TITLE		6. TITLE		☐ Change ☐ Addition
NAME		6. NAME		
STREET ADDRESS		6. STREET ADDRESS		
CITY-ST-ZIP		6. CITY-ST-ZIP		

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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(1)(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: Martha Bouis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-1-95
Daytime Phone #: 305 895 5815

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