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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000016607 (1) DOCUMENT

KBM INVESTMENTS, INC. Principal Place of Business Mailing Address 11900 BISCAYNE BLVD 11900 BISCAYNE BLVD SUITE 290 SUITE 290 DO NOT WRITE IN THIS SPACE N. MIAMI FL 33181 N. MIAMI FL 33181 3. Date Incorporated or Qualified 03/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yeş □ No 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOUIS, MARTHA 11900 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 290 83 N. MIAMI FL 33181 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requ d when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change ☐ Addition TITLE DS 1.1 TITLE NAME **BOVIS. MARTY** 1.2 NAME CR2E034 STREET ADDRESS 11900 BISCAYNE BLVD. SUITE 290 1.3 STREET ADDRESS N. MIAMI FL 33181 CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE BOVIS, MARTHA 2.2 NAME NAME 11900 BISCAYNE BLVD. 2.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TIT) F 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 affectment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

5.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

305 855 5815

Change

Addition

FILED

Jan 29 1998 8:00am

Secretary of State