FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000031788 (0)**

1. Corporation Name

KUSTOM INNOVATIONS, INC.

Principal Place of Business	Mailing Address
5331 N. DIXIE HWY. BAY 3 BOCA RATON FL 33487 US	5331 N. DIXIE HWY. BAY 3 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0146746 ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7302 NW 45th AVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COCONUT CREEK	City & State 28
Zip / Country 24 33073 / 25 FL	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KAMEL, AQUIDAD
5331 N. DIXIE HWY. 33487
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: KAMEL AQUIDAD
82 Street Address (P.O. Box Number is Not Acceptable): 7302 NW 45th AVE
83
84 City: COCONUT CREEK FL 85 Zip Code: 33073

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	AQUIDAD, KAMEL		1.2 NAME	AQUIDAD	
STREET ADDRESS	5331 N. DIXIE HWY BAY 3		1.3 STREET ADDRESS	7302 NW 45th AVE	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AQUIDAD, KAMEL		2.2 NAME	"	
STREET ADDRESS	5331 N. DIXIE HWY. BAY 3		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	DPTS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AQUIDAD, KAMEL		3.2 NAME	"	
STREET ADDRESS	5331 N. DIXIE HWY. BAY 3		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Kamel Aquidad 4-10-96 407 994 1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #