

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000034848 (9)

1. Corporation Name

KAAMSHU, INC.

Principal Place of Business

**2315 NW. 107TH AVE.
#1M35 BOX 132
MIAMI FL 33172**

Mailing Address

**2315 NW. 107TH AVE.
#1M35 BOX 132
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/09/1994

4. FEI Number

65-0509446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Certificate of Status Desired ☐

**\$5.00 May Be
Added to Fees**

8. Does corporation have liability for state apportioned income tax under Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

24

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29

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9. Name and Address of Current Registered Agent

**KIRPALANI, KANTA
2315 N.W. 107TH AVE.
#1M35 BOX 132
MIAMI FL 33172**

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 hereby sworn to and accept the responsibility of compliance with Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name and Address)

Signature of New Registered Agent (Print Name and Address)

Date

12. OFFICERS AND DIRECTORS

12a

D

**KIRPALANI, KANTA
2315 N.W. 107TH AVE. #1M35 BOX 132
MIAMI FL 33172**

NAME

Street Address

City & State

12b

NAME

Street Address

City & State

12c

NAME

Street Address

City & State

12d

NAME

Street Address

City & State

12e

NAME

Street Address

City & State

12f

NAME

Street Address

City & State

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13a

NAME

Street Address

City & State

13b

NAME

Street Address

City & State

13c

NAME

Street Address

City & State

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NAME

Street Address

City & State

13e

NAME

Street Address

City & State

13f

NAME

Street Address

City & State

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and claims and specify for the most part stated in Law 1993-103, Florida Statutes. I further certify that the information submitted on this annual report or subsequent annual report is true and correct and that my report shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, the receiver or trustee empowered to make this report required by Chapter 607, Florida Statutes, and that my name appears in Item 12 of this form. I have changed or am in compliance with my obligations.

SIGNATURE:

[Signature]

SIGNATURE AND TITLE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)