SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:15

DOCUMENT # P94000038715 (6)

1. Corporation Name

KIP, INC.

Principal Place of Business	Mailing Address
250 CATALONIA AVENUE STE. 506 CORAL GABLES FL 33134	250 CATALONIA AVENUE STE. 506 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0498164 ☐ 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

9. Name and Address of Current Registered Agent

RUIZ, RAMON J
250 CATALONIA AVENUE STE. 506
CORAL GABLES FL 33134

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
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	D	11 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	RUNGE, JEFF	12 NAME	MICHAEL J. WEAVER	
STREET ADDRESS	501 SW 39TH COURT	13 STREET ADDRESS	3231 ORY AV	
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	21 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	BURY, ANDREW	22 NAME	LORRIE C. CHURINA	
STREET ADDRESS	501 SW 39TH COURT	23 STREET ADDRESS	13707 SW 9 CT. APT A	
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	31 TITLE	TREASURER	☒ Change ☐ Addition
NAME	RUIZ, RAMON J	32 NAME	LORRIE C. CHURINA	
STREET ADDRESS	806 MESSINA	33 STREET ADDRESS	13707 SW 9 CT. APT A	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		41 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME		42 NAME	RAMON J. RUIZ	
STREET ADDRESS		43 STREET ADDRESS	1250 MEDINA AV.	
CITY-ST-ZIP		44 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ 6-C-94 (305) 529-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041P00 CP