

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

DOCUMENT # **P94000040532 (1)**

1. Corporation Name

K-TECH U.S.A., INC.

Principal Place of Business

**80 SW 8TH STREET
SUITE 2072/2073
MIAMI FL 33130**

Mailing Address

**80 SW 8TH STREET
SUITE 2072/2073
MIAMI FL 33130**

FILED
May 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/31/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0494585	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COSTABEL, ATTILIO M 80 SW 8TH STREET SUITE 2014 MIAMI FL 33130				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	SILVESTRI, FERDINANDO	1.1 TITLE		1.2 NAME	
STREET ADDRESS	80 SW 8TH ST 20TH FLOOR	1.3 STREET ADDRESS		2.1 TITLE		2.2 NAME	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VP	NAME	CHRISTLIEB, JEFFREY M	3.1 TITLE		3.2 NAME	
STREET ADDRESS	4001 S OCEAN DR APT 15L	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	HOLLYWOOD FL	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP		6.1 TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			
CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing 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: *Jeffrey M. Christlieb* **JEFFREY M. CHRISTLIEB** 4-29-98 305-572-3363

CR2E034 (10/97)