

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 # P94000044760 (4)

1. Corporation Name

KAVENEX, INC.



Principal Place of Business

Mailing Address

8034 N.W. 66TH ST.
MIAMI FL 33166

8034 N.W. 66TH ST.
MIAMI FL 33166

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 8315 N.W. 64 St., Bay #2

25 Same

4. FEI Number

65-0504581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL 33166

City & State

Zip

24 33166

Country

25 Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, MARIAN
2900 S.W. 28TH TERRACE
2ND FLOOR
COCONUT GROVE FL 33133

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME KARAM, LUIS F
STREET ADDRESS %8034 N.W. 66TH ST.
CITY-ST-ZIP MIAMI FL 33166

1.1 TITLE ~~PDT~~ ☒ Change ☐ Addition
1.2 NAME KARAM, LUIS F.
1.3 STREET ADDRESS 8315 N.W. 64th ST Bay #2
1.4 CITY-ST-ZIP Miami, FL 33166

TITLE VD ☐ DELETE
NAME KARAM, EDMOND
STREET ADDRESS %8034 N.W. 66TH ST.
CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE ~~VDS~~ ☒ Change ☐ Addition
2.2 NAME KARAM, EDMOND
2.3 STREET ADDRESS 8315 N.W. 64th ST Bay #2
2.4 CITY-ST-ZIP Miami, FL 33166

TITLE TD ☒ DELETE
NAME KARAM, JUAN C
STREET ADDRESS %8034 N.W. 66TH ST.
CITY-ST-ZIP MIAMI FL 33166

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

Date

305-594-9438

Daytime Phone #

CR2E034 (12/95)