FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:04

DOCUMENT # P94000050251 (5)

1. Corporate Name
KARI MIAMI COMMERCIAL, INC.

Principal Place of Business
150 S.E. 2ND AVE.
SUITE 1106
MIAMI FL 33131

Mailing Address
150 S.E. 2ND AVE.
SUITE 1106
MIAMI FL 33131

(Check Which Is Applicable)

3. Date Incorporated (Domiciled) 07/07/1994
3a. Date of Last Report

2. Principal Place of Business
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2a. Mailing Address
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4. FEI Number 65-0207121
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. Does corporate entity qualify for exemption from Section 607.0501 Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent
ARAUJO, ANTONIO S
150 S.E. 2ND AVE.
SUITE 1106
MIAMI FL 33131

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 Section 607.0501, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the name and address of the person or persons currently designated as its registered agent in Florida and the address of its registered office in Florida are as follows:

CURRENT

12. OFFICERS AND DIRECTORS
D
ARAUJO, ANTONIO S
150 S.E. 2ND AVE. SUITE 1106
MIAMI FL 33131

13. ADDITIONS, CHANGES OR DELETIONS
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

REMITTED BY MAY 1

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing, when required or permitted pursuant to Section 607.0501, Florida Statutes, is true and accurate. I further certify that the corporation has paid all fees due to the Department of State for the current calendar year 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 above, or on an attached schedule with the name(s) and address(es) of any additional officers, directors, or agents.

SIGNATURE: A. Araujo 5/10/95 (305) 371-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0127716 CP