3-6-95 G-1831-1C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -6 AM 10: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063048 (0)

1. Corporation Name
KAMGOB, INC.

Principal Place of Business
1803 S. AUSTRALIAN AVE., #A
WEST PALM BEACH FL 33409

Mailing Address
1803 S. AUSTRALIAN AVE., #A
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 840 S. FEDERAL HWY
22 Suite, Apt. #, etc.: C/O EXPLORATIONS
23 City & State: STUART, FL
24 Zip: 34994
25 Country:

26 2a. Mailing Address: 840 S. FEDERAL HWY
27 Suite, Apt. #, etc.: C/O EXPLORATIONS
28 City & State: STUART, FL
29 Zip: 34994
30 Country:

4. FEI Number: 65-0515261 ☐ 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
WASHOFSKY, MARTIN E
1803 S. AUSTRALIAN AVE., #A
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name: WASHOFSKY, MARTIN E
82 Street Address (P.O. Box Number is Not Acceptable): 4360 NORTHLAKE BLVD
83 SUITE 205
84 PALM BEACH GARDENS, FL 85 Zip Code: 33410

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 if not filed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHATLANI, HARESH
STREET ADDRESS	1803 S. AUSTRALIAN AVE., #A
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	CHATLANI, HARESH	
1.3 STREET ADDRESS	840 S. FEDERAL HWY	
1.4 CITY-ST-ZIP	STUART, FL 34994	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: Chatlani - HARESH CHATLANI 2/28/95 407-694-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0240441 CP