

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Division of Secretary of State

101 South Bronough Street

APPROVED
AND
FILED

95 MAY - 1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066095 (8)

KDM TECHNOLOGIES, INC.

13727 S.W. 152ND ST
SUITE 308
MIAMI FL 33177

13727 S.W. 152ND ST
SUITE 308
MIAMI FL 33177

DR. BOB WHITE, Jr., Treasurer

21. Date of Incorporation or Organization	2a. Name of Agent	4. FBI Number	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. 65-0529266	3a. Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	5. \$8.75 Additional Fee Required
23. Phone Number	28. Phone Number	6. Election Campaign Financing Truly Fund Contributions	6. \$5.00 May Be Added to Fees
24. Y	25. Y	7. This corporation has authority to change its tax office under Florida Statutes	7. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
LEDER, NATHAN I 444 BRICKELL AVE. SUITE 1050 MIAMI FL 33131			B1. Name
			B2. Street Address (P.O. Box Number is Not Acceptable)
			B3. City
			B4. Zip Code

11. Pursuant to the provisions of Sections 101.064 and 101.0538, Florida Statutes, the above named corporation submits the 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 the position. See section 101.0538, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES IN OFFICERS AND DIRECTORS IN 12
D NAME LEAHONG, DONALD 13727 S.W. 152ND ST., SUITE 308 MIAMI FL 33177	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP
	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP
	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP
	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP
	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP
	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP
	25. NAME 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP
	29. NAME 30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP

14. I, the undersigned, certify that the information contained within this document is accurately furnished and true, and qualify for the exemption stated in Section 101.064, Florida Statutes. I further certify that the signature indicated on the annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made and/or made that I am an officer or director of the corporation or the receiver or liquidator or authorized to execute this report as required by Chapter 101, Florida Statutes, and that my name appears in Article 12 or 16a of this document or on an attachment thereto.

SIGNATURE:

Donald Lehong
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 235 8465

Donald Lehong