FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90035 021 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

	•
DOCUMENT # 1. Corporation Name	P94000066095
KDM TECHNOLOGIE	S INC
NDM TEOTHOLOGIE	0, 1140.

Mailing Address Principal Place of Business 13727 S.W. 152ND ST

SUITE 308 MIAMI FL 33177	SUITE 308 MIAMI FL 33177			DO NOT WRITE IN THIS	SPAC	E		
				3. Date Incorporated or Qualifed 09/08/1994				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21	26			65-0529266		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	.75 Additional ee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	-	5.00 May Be dded to Fees		
Zip Country		untry		This corporation owes the current year Int Personal Property Tax.	angible □ Ye			
	s of Current Registered Agent	T		10. Name and Address of New Registered	Agent			
LEDER, NATHAN I	= -	81	Name					
5200 BLUE LAGOON DRIVE		82	Street Address (P.O. Box Number is Not Acceptable)					
STE 600 Miami FL 33131		83	***					
mp dui 2 C 00 10 1	•	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.

agent. ra	in ramiliar with, and accept the obligations of, Section 667.6565	r, i kilda Otaldies.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	1 when reinstating) DATE		
40	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
12.	D DELET		ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
TITLE	_				<u></u>
NAME	LEAHONG, DONALD	1.2 NAME			
STREET ADDRESS	l '	1.3 STREET ADDRESS	_		
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP			
TITLE	☐ DELET	E 2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	در در الله الله الله الله الله الله الله الل	2. 4 CITY-ST-ZIP			
TITLE	☐ DELET	E 3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	□ DELET	E 4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELET	E 5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS	· ·	5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	□ DELET	E 6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS	in the second	6.3 STREET ADDRESS			
CITY OF 710 .		6.4 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, with all other like empowered.

SIGNATURE: