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 # **P94000080838 (3)**

1. Corporation Name

KIT DESIGN, INC.

Principal Place of Business	Mailing Address
10536 SW 185 TERR. MIAMI FL 33157 US	10536 SW 185 TERR. MIAMI FL 33157 US

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report: 08/14/1995
4. FEI Number: 65-0532300 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10536 S.W 185TERR	26 SAME AS
22 Suite, Apt. #, etc.	27 ABOVE
23 City & State: MIAMI, FL	28 City & State
24 Zip: 33157 25 Country: DADE	29 Zip 30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 Sections 607.1502 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: **Amerilawyer Chartered By: Natalia Utrera Vice President** (Signature & Capacity/Title if applicable) (Note: Registered Agent's signature required when designated) DATE: **05/23/96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PTD	☐ Change ☒ Addition
NAME	VASQUEZ, FRANK B		1.2 NAME	Antonio Diaz	
STREET ADDRESS	10536 W 185 TERR.		1.3 STREET ADDRESS	17870 SW 107 Avenue, Apt 21	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Florida 33157	
TITLE	VS	☐ DELETE	2.1 TITLE	V.President, SECRETARY	☒ Change ☐ Addition
NAME	NIEUES, MICHAEL A		2.2 NAME	MICHAEL A NIEVES	
STREET ADDRESS	10536 SW 185 TERR.		2.3 STREET ADDRESS	10536 S.W 185 TERR.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	500001842607	☐ Change ☐ Addition
NAME			5.2 NAME	-05/29/96--01062--027	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-29-96 JR

CR2E034 (12/95)

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: Antonio Diaz **, Antonio Diaz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President
Date: Daytime Phone #