

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 # P94000089343 (5)

1. Corporation Name

KTS USA CORP.



Principal Place of Business

Mailing Address

190 MINORCA AVE
#805
CORAL GABLES FL 33134
US

190 MINORCA AVE
#805
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0542012

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, KAREN R
2840 WEST KENNEDY BLVD.
SUITE 745
TAMPA FL 33609

81 Name

Willy MAURER

82 Street Address (P.O. Box Number is Not Acceptable)

2860 SW 123 COURT # K302

83

84 City

MIAMI

FL

85

Zip Code

33186

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KURBAN, MITRI
STREET ADDRESS 1061 LIEGE WEST
CITY-ST-ZIP MONTREAL, QUEBEC, CANADA

TITLE ☒ DELETE

NAME ~~ZARBATANY, SHAWN~~
STREET ADDRESS ~~190 MINORCA AVE~~
CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME VICE PRESIDENT
13 STREET ADDRESS KURBAN, RENEE
14 CITY-ST-ZIP 1061, LIEGE WEST
MONTREAL - PQ - CANADA - H3N1B9

2.1 TITLE ☐ Change ☒ Addition

22 NAME SECRETARY TREASURER
23 STREET ADDRESS KURBAN RAJA
24 CITY-ST-ZIP 1061, LIEGE WEST
MONTREAL - PQ CANADA H3N1B9

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS 600001812566
54 CITY-ST-ZIP -05/08/96--01010--024

6.1 TITLE ☐ Change ☐ Addition

62 NAME ***200.00
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITRI KURBAN, President 4/12/96 - 35 445660

Date

Daytime Phone #

CR2E034 (12/95)