

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 # P94000089344 (3)

1. Corporation Name

KTS FLORIDA CORP.



Principal Place of Business

190 MINORCA AVE  
#805  
CORAL GABLES FL 33134  
US

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, KAREN R

• 4830 W. KENNEDY BLVD.  
SUITE 745  
• TAMPA FL 33609

81 Name

WILLY MAUER

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

8860, 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, if not the name of registered agent, and initials 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 ~~ZABATANY, CHAWN~~  
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 VICE - PRESIDENT ☐ Change ☒ Addition

1.2 NAME KURBAN RENEE  
1.3 STREET ADDRESS 1061, LIEGE WEST  
1.4 CITY-ST-ZIP MONTREAL - PQ - CANADA - H3N 1B9

2.1 TITLE SECRETARY TREASURER ☐ Change ☒ Addition

2.2 NAME KURBAN RAJA  
2.3 STREET ADDRESS 1061, LIEGE WEST  
2.4 CITY-ST-ZIP MONTREAL - PQ - CANADA - H3N 1B9

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

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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

5-1-96

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; 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 MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITRI KURBAN President (305) 445 6160

4/25/96

Daytime Phone #

CR2E034 (12/95)