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Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

190 MINORCA AVE  
#805  
CORAL GABLES FL 33134  
US

190 MINORCA AVE  
#805  
CORAL GABLES FL 33134  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2300 PONCE DE LEON	26 2300 PONCE DE LEON		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 CORAL GABLES FL	28 CORAL GABLES FL		
Zip	Country	Zip	Country
24 33134	25 USA	29 33134	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAURER, WILLY 8880 SW 123 CT #K302 MIAMI FL 33186		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 607.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	KURBAN, MITRI	1.2 NAME	
STREET ADDRESS	1081 LIEGE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	KURBAN, RENEE	2.2 NAME	
STREET ADDRESS	1081 LIEGE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	KURBAN, RAJA	3.2 NAME	
STREET ADDRESS	1081 LIEGE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

CR2E034 (10/97)