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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000092424 (8)

1. Corporation Name  
KLEINE & VARGAS ENTERPRISES, INC.

Principal Place of Business  
92 PINE STREET  
WINDERMERE FL 34786

Mailing Address  
92 PINE STREET  
WINDERMERE FL 34786-0548

3. Date Incorporated or Qualified 12/22/1994  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business  
21 92 Pine ST

2a. Mailing Address  
26 Same

4. FEI Number 59-3287825  
Applied For Not Applicable

22 Suite, Apt. #, etc. WINDERMERE

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34786 Country ORANGE

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
RODRIGUEZ, PABLO  
310 1/2 S. BUMBY AVENUE  
ORLANDO FL 32803

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 607.0502 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] DATE [X] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME KLEINE, DWIGHT B  
STREET ADDRESS 92 PINE STREET  
CITY - ST - ZIP WINDERMERE FL 34786  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
[Change] [Addition]  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
[Change] [Addition]  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
[Change] [Addition]  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
[Change] [Addition]  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
[Change] [Addition]  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
[Change] [Addition]

14. I do 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) 839-0618

CR2E034 (9/96)