FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

FILED

May 20 1997 8:00am

Secretary of State

DOCUMENT # P95000011158 (9)

KBMH, INC.

Principal Place of Business		Mailing Address		1 34031401 110 40101 01111 00111 00111	11 AM182 14681 15M61 16891 M1182 1861 1854
195 S.W. 15TH RD.		195 S.W. 15TH RD.			
#8-502 Miami Fl 33129		#S-502 MIAMI FL 33129-1128			
	•			3. Date Incorporated or Qualified	3a. Date of Last Report
		,		02/09/1995	06/05/1996
	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21	41-	[26]		65-0556426	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Z(p)	Country	8. This corporation has liability for	intangible tax under s. 199.032
24	25	29	30	Florida Statutes	Yes No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent
RAUZIN, ALAN H					
195 S.W. 15TH RD. 82 Street Addre				dress (P.O. Box Number is Not Accepta	ble)
			83		
MIAN	AI FL 33129				
			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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE		and a strain and a strain and a	IE-Taqualeved Agent signature rec	orași processa com la comprese me la com-	
12.	Signature, typod or printed name of registerio ago: OF FICERS AND	The second section of the second second	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.0 HOLE		☐ Change ☐ Addit-on
NAME	RAUZIN, ALAN H		1.P NAME		
STREET ADDRESS	195 S.W. 15TH RD. #S-502		1.8 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY - \$1 - ZIP		
TITLE	SD	DEFL LE	2.1 1111.6		☐ Change ☐ Addition
NAME	RAUZIN, MARVIN		2.P NAME		
STREET ADDRESS	195 S.W. 15TH RD. #S-502		2.8 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129	T butte	2.4 C(TY+S1+Z(P)	شقيد الرابينيا النبارات البراد والتساد	
TITLE		☐ DELETE	3.11 TITLE		☐ Change ☐ Addition
NAME CERTET ADDRESS			3.P NAME 3.B STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.8 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	3.4. CHY - S1-ZIP 4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.B STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - 7/P		
TITLE		DELFTE	5.h 1l1LE		Change Addition
NAME			S.P. NAME		
STREET ADDRESS			5 B STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-\$1-ZIP		
TITLE		☐ DELFTE	6,4 1111.6		Change Addition
NAME			E P NAME		
STREET ADDRESS			6.B STREET ADDRESS		
1 0000 00 000			II A 4 5 3 1 1 0 3 7 15		

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 Truriber 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 receive of trusted compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 31 or on an alzeb nent with an address.