FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000020633 (0) **DOCUMENT #**

(0)					
KOALA INVESTMENTS, INC.					
Mailing Address					
5530 LAKESIDE DRIVE. #202 MARGATE FL					



5530 LAKESIDE DRIVE. #202 MARGATE FL		5530 LAKESIDE DRI MARGATE FL	VE. #202				
					3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last R	eport
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26				\bowtie	yot Applicable
Suite, Apt. #	Suite, Apt. #, etc.	(177 tank - Mile		5. Certificate of Status Desired	7	Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Count	у У	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·	
24	25	29	30		Florida Statutes	s 🗌 No	
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Agent	
			8	1 Name Q	Soria, Karina	\cap .	
	ia, Elisa h		 8			ble)	
	BRICKELL AVENUE			4405	Iress (P.O. Box Number is Not Accepta	010,	
	1102-B		8	3 50i			
MIAMI	FL 33131				1000-121		- Code
			0		'ami	FL 85 Zi	Code 3166-6400
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above	named corpo	pration submits this statement for the pu	irpose of changing its r	egistered office
or registere familiar with	ed agent, or both, in the State of Fic h, and accept the obligations of Se	nga. Sych change was authoriz duon 207.0505. Florida Statutes	ed by the co: i.	poration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	pointment as registered	agent. Lam
SIGNATURE	Krotted	abla					
SIGNATURE _	Signature, typed or orbited real of a regulated ag	reand tille if application (NC	TE: Flegistered Ag	erit signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	PCD	DELETE	1 1 TITLE			Change	Add-tion
NAME	BOSCAN, HERIBERTO J		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			1
CITY-ST-ZIP	MARACAIBO, ZULIA, VENEZUELA		1.4 C/1Y	- ST- Z IP			
TITLE	SD	DELETE	2. 1 TITLE			☐ Change	Addition
NAME	OSORIO, KARINA C		2 2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				- ST - ZIP			
TITLE	TD	☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME	OSORIO, JORGE A		3.2 NAM	: ,			
STREET ADDRESS	5530 LAKESIDE DRIVE, #	202		ET ADDRESS			
CITY-ST-ZIP	MARGATE FL		3.4 CITY	ST-ZIP			
TITLE		DELETE	4. 1 TITLE			☐ Change	Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELFTE	5. 1 TITLE			Cgange Cgange	☐ Addition
NAME			5.2 NAME		1000018 : -05/24/9601		
STREET ADDRESS			5.3 STRE	ET ADDRESS	######################################	U30==U43	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		***235.80		
TITLE		☐ DELETE	6. 1 TITL			☐ Change	☐ Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 S1RE	ET ADORESS			
CITY-ST-ZIP			6.4 CITY	- ST- Z IP			

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 attacking that my name address.

SIGNATURE:

K-10 TOTOS.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 Vasynio Form +1 - 96