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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000033383 (7)

KEYS INTERNATIONAL, INC.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, of

CHTY-ST-ZIP

Principal Place of Business Mailing Address 15400 SOUTH WEST 57TH STREET 15400 SW 57 ST MIAMI FL 33193 MIAMI FL 33193-2508 3. Date incorporated or Qualified 3a. Date of Last Report 04/25/1995 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0581313 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country ZiD Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HKES&F REGISTERED AGENT CORP. Name 2601 SOUTH BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 600 MIAMI FL 33133** 63 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MORALES, ENRIQUE NAME 1.2 NAME 15400 SOUTH WEST 57TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33193** CITY-ST-ZIP 1.4 CITY-ST-ZIP D DELETE Change TITLE Addition 2.1 TITLE MORALES, MARTHA NAME 2.2 NAME 15400 SOUTH WEST 57TH STREET STREET ADORESS 2.3 STREET ADDRESS **MIAMI FL 33193** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

ENNIPUE

218-97

6.4 CITY-ST-ZIP I do hereby certify that the information supplied with this filing does not dealing 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 poor is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the legal effect as if made under oath; that am an officer or director of the corporation or the legal effect as if made under oath; that am an officer or director of the corporation or the legal effect as if made under oath; that my name