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

FILED Feb 11 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000038949 (0) DOCUMENT # KANEC (USA), INC. Principal Place of Business Mailing Address 3399 NW 151 TERR 3399 NW 151 TERR OPA-LOCKA FL 33054 OPA-LOCKA FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 65-0584379 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Z_{1D} 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MOGBO, CHUCH P.A. 2331 NO. STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) STE. 124 83 **LAUDERHILL FL 33313** 84 City 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 State 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE Change Addition IKEJIANI, EBERE J NAME 1.2 NAME 2321 DUNHILL AVE STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 1.4 CITY - ST - 7IP Change DELFTE 2.1 TITLE Addition TITLE IKEJIANI, AZUBUEZE NAME 2.2 NAME 2321 DUNHILL AVE STREET ADDRESS 2 3 STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE IKEJIANI, AFAM MD 3.2 NAME NAME 1916 PATTERSON ROAD STREET ADDRESS 3.3 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition IKEJIANI, OLISA MD 4. 2 NAME NAME 17118 HANOVER AVE STREET ADDRESS 4.3 STREET ADDRESS ALLEN PRIL MI 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 51 TITLE **IKEJIANI, BONNY MD**

4. Thereby certify that the information supplied with this filling 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 Ausplemental annual report is the property of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or Ausplemental annual report is the property of the exemption of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or Ausplemental annual report is the property of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or Ausplemental annual report of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or Ausplemental annual report or Ausplemental annual report of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or Ausplemental annual report or Ausplemental annual report of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or Ausplemental annual report of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report of the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information indicated on this annual report of the exemption indicated on th

5 2 NAME

6 1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

SIGNATURE:

2003 FULTON RD

CANTON OH

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition