Date Due: **Amount Due:** **If After Due Date:**

APPROVED AND FILED

97 JUL -2 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95-44244

1. Name and Mailing Address of Corporation:

KIA MOTORS CORPORATION
7906 N.W. 53rd st. STE 208
MIAMI, FL. 33166

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

FILING FEE $200.00 | **ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE = MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

4. FEI Number: 65-0590273 | Applied For | Not Applicable

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
ZIP | Country
24 | 25

26. Principle Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
ZIP | Country
29 | 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$138.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

LUIS SANCHEZ LACOMARCINO
7906 N.W 53rd st. Suite 208
MIAMI, FL. 33166

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 | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
Registered Agent (Cycling Amendment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	LUIS SANCHEZ LACOMARCINO	1.1 TITLE	200002229002--3
1.2 NAME	PRES	1.2 NAME	-07/02/97--01059--007
1.3 ADDRESS	7906 N.W. 53rd st. Ste 208	1.3 ADDRESS	****550.00 ****550.00
1.4 CITY, ST, ZIP	MIAMI, FL. 33166	1.4 CITY, ST, ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	A. Mun
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	7/2/97
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE X _____ DATE 7/1/97

First/Type Name of Signing Officer or Director: LUIS SANCHEZ LACOMARCINO | Title(s): PRESIDENT | Daytime Telephone Number: (305) 261-1955