

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000047047**

1. Corporation Name

**KOKOMO INTERNATIONAL, INC.**

Principal Place of Business

**800 West Avenue**

**Suite PH-1**

**Miami Beach, FL 33139**

Mailing Address

**800 West Avenue**

**Suite PH-1**

**Miami Beach, FL 33139**

3. Date Incorporated or Qualified

3a. Date of Last Report

**June 16, 1996**

4. FEI Number

**65-0588295**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

2. Principal Place of Business

21 **20 Island Avenue**

Suite, Apt. #, etc

22 **910**

City & State

23 **Miami Beach, FL**

Zip

24 **33139**

Country

**USA**

2a. Mailing Address

26 **20 Island Avenue**

Suite, Apt. #, etc

27 **910**

City & State

28 **Miami Beach, FL**

Zip

29 **33139**

Country

**USA**

9. Name and Address of Current Registered Agent

**CORRADO POZZOLI**

**800 West Avenue**

**Suite PH-1**

**Miami Beach, FL 33139**

10. Name and Address of New Registered Agent

81 Name

**Corrado Pozzoli**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**20 Island Avenue, Suite 910**

84 City

**Miami Beach,**

**FL**

85 Zip Code

**33139**

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

**Corrado Pozzoli**

**05/20/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CORRADO POZZOLI**

STREET ADDRESS **800 West Avenue, PH-1**

CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME **CORRADO POZZOLI**

1.3 STREET ADDRESS **20 Island Avenue, Suite 910**

1.4 CITY-ST-ZIP **Miami Beach, FL 33139**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/20/96**

**(305) 358-0593**