

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000047230 (4)**

1. Corporation Name

**KIPAM INVESTMENTS, INC.**

Principal Place of Business

**804 AUGUSTA POINTE DRIVE  
SUITE 1200  
PALM BEACH GARDENS FL 33418  
US**

Mailing Address

**CCS 1039  
BOX 025323  
MIAMI FL 33102-5323  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/19/1995**

4. FEI Number

**65-0587699**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**DAMON, CONRAD  
COONEY WARD, LESHER & DAMON, P.A.  
1555 PALM BEACH LAKES BLVD. SUITE 1000  
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name

**DIETER A. THIEMANN CPA**

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

**11380 PROSPERITY FARMS ROAD**

83.

**SUITE 217**

84. City

**PALM BEACH GARDENS FL**

85. Zip Code

**33410**

17. 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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/20/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PT  
NAME KELLY, CLEMENCIA IRIS  
STREET ADDRESS CCS 1039/BOX 025323  
CITY-ST-ZIP MIAMI FL 33102-5323**

TITLE ☐ DELETE

**VPS  
NAME KELLY, JAMES  
STREET ADDRESS CCS 1039/BOX 025323  
CITY-ST-ZIP MIAMI FL 33102-5323**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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 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]*

**Feb. 1 1998**

CR2E034 (10/97)