

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 # P95000047255 (1)

1. Corporation Name

K F S CORPORATION

Principal Place of Business

7441 WAYNE AVE.  
#9-I  
MIAMI BEACH FL 33141

Mailing Address

7441 WAYNE AVE.  
#9-I  
MIAMI BEACH FL 33141



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

65-0588897

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

X Yes □ No

9. Name and Address of Current Registered Agent

DE SOUZA, FABIANO F  
7441 WAYNE AVE.  
#9-I  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

Karina Calvo

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

7441 Wayne Ave

83

# 9-I

84 City

Miami Beach FL

85 Zip Code

33141

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

Karina Calvo

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DE SOUZA, FABIANO F  
STREET ADDRESS % 7441 WAYNE AVE. #9-I  
CITY-ST-ZIP MIAMI BEACH FL 33141  
□ DELETE

TITLE SD  
NAME CALVO, MARIAN C  
STREET ADDRESS % 7441 WAYNE AVE. #9-I  
CITY-ST-ZIP MIAMI BEACH FL 33141  
X DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
□ Change □ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
s/o  
Calvo, Karina  
7441 Wayne Ave. #9-I  
Miami Beach, FL 33141  
X Change □ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
□ Change □ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
□ Change □ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
□ Change □ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
□ Change □ Addition

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

Karina Calvo

Date

Daytime Phone #

4/11/96 (305) 868-3363

CR2E034 (12/95)