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

 PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF 6	CORPORATIONS		
1. Corporation	MENT # P95000 KAN, INC.	0054587 (7))		
Principal Place	of Business	Mailing Address		I TOURSDON IN THE DESIGN OF THE OFFICE OF THE	nisa nakul adada nusuk binak dilak iniil 1001 9001
9819 S.W. 40TH ST. MIAMI FL 33165		9819 S.W. 40TH ST. Miami Fl 33165			
··				3. Date Incorporated or Qualified 07/14/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	5 936/5 Applied For
Suite, Apt. #	#, etc.	26 Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Ζψ 24]	Country 25	Zip 29	Country 30	8. This corporation has liability fo	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
AL EADO	N DCDDA II		81 Name		
), PEDRO H S.W. 206TH TERRACE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI F	· · · · · · · · · · · · · · · · · · ·		83		
			84 City	··· · · · · · · · · · · · · · · ·	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607,0502 a ed agent, or both, in the State of Florida b, and accept the obligations of Section	ind 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the p	urpose of changing its registered office
familiar wit	h, and accept the obligations of Section	n 607.0505, Florida Statutes.	ir by the corporation's boa	ard of directors, I hereby accept the ap	pointment as registered agent. I am
SIGNATURE					
	Separations Tended on regular I manuscript second sound served se	in terral anniesta.	S.B. Shiril Land William	grammana, jog samana	
	Signatore, typed or printed name of registered advisor an OFFICERS AND		Registerad Agent synctore requi-		FICERS AND DIRECTORS IN 12
12.	OFFICERS AND PRESIDENT				FICERS AND DIRECTORS IN 12
12. >	President President Pedro H AlFA/O	DIRECTORS	13.		FICERS AND DIRECTORS IN 12
12. TIPLE	President President redro H Alparo 11131 Sw 206 tor	DIRECTORS	13. 1. 1 Tifue		FICERS AND DIRECTORS IN 12 Change Addition
12. > TITLE NAME STREET ADDRESS CITY-ST-ZIP	President President Pedro H Alparo 11131 Sw 206 thm Midwi El 33177	DIRECTORS DELFTE	13. 1.1 Tifle 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		FICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP THEF	President President Pedro H Alphro 11131 Sw 206 thm Midmi El 33177 Secretary	DIRECTORS	13. 1.1 TiftE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TitlE		FICERS AND DIRECTORS IN 12 Change Addition Change Addition
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TIPLE NAME STREET ADDRESS OUTY - ST-ZIP THEF NAME STREET ADDRESS	PRESIDENT REGIO H AIFARD 11131 SW 206 thr MIDMI FT 33177 SECRETHY BIBULL N. AIFARD 11931 JW 266 terr	DIRECTORS DELFTE	13. 1.1 Tifle 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS		FICERS AND DIRECTORS IN 12 Change Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP	President Redro H Alparo 11131 Sw 206 Arr Midmi H 33177 Secretam Blaud W. Alparo 11131 Jw 206 terr Midmi Tf 33177	DIRECTORS DELFTE	13. 1.1 Tifle 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		FICERS AND DIRECTORS IN 12 Change Addition Change Addition
	President Redro H Alfaro 11131 Sw 206 thr Midmi H 33177 Secretary Blaud W. Alfaro 11131 Jw 266 terr Midmi Tf 13177 Tressure	DIRECTORS DELETE DELETE	13. 1.1 Tifle 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE		FICERS AND DIRECTORS IN 12 Change Addition
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propried was lung is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further this annual report is true and accurate and that my signature shall have the same legal effect as if made under the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name high or on an attachment with an address certify that the information indicated of oath; that I am an officer or directly appears in Block 12 or Block 15 if the

SIGNATURE:

PE dro H. ALFARO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-22-96 305-553-5324