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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000058497 (5)

DOCUMENT #

1. Corporation Name KEY INTERNATIONAL PEMBROKE PINES, INC.

NET III	TENIATIONAL FEMOR	ORE FINEO, INO.				
Principal Place o	f Business	Mailing Address		I (MDIJADI IIM IAIA) Mitter Antis Unite antis	A Brill Brill i fatti Atbid tarit saar soer	
848 BRICKEI SUITE 1000		848 BRICKELL AVENUE SUITE 1000	i e			
MIAMI FL 33	1131	MIAMI FL 33131		07/27/1995	Date of Last Report	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-060-353		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangi	ble tax under s 199.032,	
24	25	29	30	Florida Statutes Yes 🚺 Yes		
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registe	ared Agent	
			81 Name			
Murai, Wald, Biondo & Moreno, P.A.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	SECOND AVENUE		83			
SUITE						
MIAMI	FL 33131		84 City		FL 85 Zip Code;	
	the are injury of Sections 607	0502 and 607 1508 Florida Statutes	the above-pamed corpo	oration submits this statement for the purpose	of changing its registered office	
			d by the corporation's boa	ard of directors. Thereby accept the appointment	ent as registered agent. I am	
familiar with	n, and accept the obligations of,	Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registeres	avent and tile if applicable (NOTI	E: Registered Agent signature requi-	ESTAN SELL LOCAL MICHAEL	DATE	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1. 1 TITLE		Change Addition	
NAME	ARDID, JOSE		1.2 NAME			
STREET ADDRESS	848 BRICKELL AVENU	e, suite 1000	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	D	☐ DELETÉ	2 1 TITLE		Change Addition	
NAME	COURET, JUAN		2 2 NAME			
STREET ADDRESS	848 BRICKELL AVENU	e, suite 1000	2 3 STREET ADORESS			
CITY-ST-ZIP	MIAMI FL 33131	- In print	2.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3. 1 HFLE			
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition	
TITLE		L] DELETE	4.1 HILE 4.2 NAME			
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	5 1 TITLE		Change Addition	
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5 4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	6. 1 TITLE	700001752 -03/21/9601049	Change Addition	
TITLE			62 NAME	-03/21/9601049	014	
NAME CTOTET ADODESC			6.3 STREET ADDRESS	***200.00		
STREET ADDRESS			6 4 CHY-ST-ZIP			
CITY - ST - ZIP	1		0 7 0 7 1 2 1	for the execution stated in Section 119 07/3	NV Florida Statutes I further	

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, at on an attachment with an address.

SIGNATURE: _

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR