

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066992 (5)

1. Corporation Name

KIS USA, INC.

Principal Place of Business

Mailing Address

2890 NW 79TH AVE
MIAMI FL 33122

2890 NW 79TH AVE
MIAMI FL 33122



2. Principal Place of Business

2a. Mailing Address

21 2834 NW 79TH AVE

26 2834 NW 79TH AVE

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

Country

24 33122

25 USA

Zip

Country

29 33122

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

4. FEI Number

05-0612446

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

BEFELER, GEORGE
MUSEUM TOWER, SUITE 2701
150 W FLAGLER ST
MIAMI FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SCHONENBERG, MIGUEL A
2890 NW 79TH AVE
MIAMI FL 33122

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SOL, ROBERTO
2890 NW 79TH AVE
MIAMI FL 33122

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☒ Change ☐ Addition

1.2 NAME SCHONENBERG, MIGUEL A
1.3 STREET ADDRESS 2834 NW 79TH AVE
1.4 CITY-ST-ZIP MIAMI FL 33122

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Sol, Roberto
2.3 STREET ADDRESS 2834 NW 79TH AVE
2.4 CITY-ST-ZIP MIAMI, FL 33122

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

500001890955
-07/11/96--01040--030
***225.00

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 617, 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

MIGUEL A. SCHONENBERG 6/18/96 (305) 718 9300

CR2E034 (3/96)