

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90011 025 \*\*\*150.00

DOCUMENT # **P95000066992** ✓

1. Corporation Name  
**KIS USA, INC.**

Principal Place of Business

**7801 NW 37TH ST  
#204  
MIAMI FL 33166  
US**

Mailing Address

**7801 NW 37TH ST  
#204  
MIAMI FL 33166  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/28/1995**

4. FEI Number

**65-0612446**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

**BEFELER, GEORGE**

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

**701 BRICKELL AVE SUITE 2000**

83

84 City

**MIAMI**

85 Zip Code

**FL 33131**

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 **VP** ☐ DELETE  
NAME **SCHONENBERG, MIGUEL A**  
STREET ADDRESS **2834 NW 79TH AVE**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **P** ☐ DELETE  
NAME **SOL-ROBERTO**  
STREET ADDRESS **2834 NW 79TH AVE**  
CITY-ST-ZIP **MIAMI FL 33122**

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 **7801 NW 37th Suite 204**  
1.4 CITY-ST-ZIP **MIAMI, FL 33166**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **7801 NW 37th Suite 204**  
2.4 CITY-ST-ZIP **MIAMI, FL 33166**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**7/14/99 (305) 718 9300**

CR2E034 (5/99)

0047821



P95000066992

July 14, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO BOX 1500  
Tallahassee FL 33302-1500

RE: Filing for KIS USA, INC.

Dear sirs:

We are in receipt of your 2nd Notice 1999 Profit Corporation Annual Report Packet stating that you have not received our regular filing which we mail to you on or around April 23, 1999 with our check number 1563 for \$ 150.00.

I called your (850) 488 9000 number on July 13, 1999 and you confirmed to us that you have not received our filing. The person I spoke to suggested that I write this letter to you with an explanation for the delay. The check 1563 has not been cashed in our bank and we are sending you our new check 1605 for the filing and stopping payment for the check 1563.

We apologize for any inconvenience and thank you in advance for your cooperation with this matter.

Sincerely,

Miguel A. Schonenberg  
Kis Usa, Inc.  
enclosure check 1605