

**PROFIT
CORPORATION
ANNUAL REPORT
1996**


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

DOCUMENT # P95000072516 (4)

1. Corporation Name

KALM SPEED INVESTMENT CO.


Principal Place of Business

Mailing Address

**111 N.W. 183RD STREET
SUITE 305
MIAMI FL 33169**
**111 N.W. 183RD STREET
SUITE 305
MIAMI FL 33169**
**3. Date Incorporated or Qualified
09/19/1995**
3a. Date of Last Report
2. Principal Place of Business
2a. Mailing Address
21
26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
27
SUITE 350
23
28

City & State

City & State

24

Zip

25

Country

29

Zip

30

Country

**4. FEI Number
65-0613618**

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

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
**SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
MIAMI FL 33143**
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	D	<input type="checkbox"/> DELETE
NAME	HEKA, KALMAN	
STREET ADDRESS	111 N.W. 183RD ST. SUITE 305 350	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BROADBURY, RICHARD M	
STREET ADDRESS	111 N W 183RD ST SUITE 350	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

1.2 NAME	
----------	--

1.3 STREET ADDRESS	
--------------------	--

1.4 CITY-ST-ZIP	
-----------------	--

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

2.2 NAME	
----------	--

2.3 STREET ADDRESS	
--------------------	--

2.4 CITY-ST-ZIP	
-----------------	--

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

3.2 NAME	
----------	--

3.3 STREET ADDRESS	
--------------------	--

3.4 CITY-ST-ZIP	
-----------------	--

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

4.2 NAME	
----------	--

4.3 STREET ADDRESS	
--------------------	--

4.4 CITY-ST-ZIP	
-----------------	--

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

5.2 NAME	
----------	--

5.3 STREET ADDRESS	
--------------------	--

5.4 CITY-ST-ZIP	
-----------------	--

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

6.2 NAME	
----------	--

6.3 STREET ADDRESS	
--------------------	--

6.4 CITY-ST-ZIP	
-----------------	--

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:
RICHARD M. BROADBURY
4/23/96
305-944-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**355 GRECO AVE
CORAL GABLES FL 33134**
**355 GRECO AVE
CORAL GABLES FL 33134**
**3. Date Incorporated or Qualified
12/16/1992**
**3a. Date of Last Report
02/01/1995**
2. Principal Place of Business
2a. Mailing Address
4. FEI Number

Applied For

CR2E034 (12/95)

0189766

CP