FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000076663 (0)**

1. Corporation Name

KUDU CONSULTING INC.

Principal Place of Business	Mailing Address
3155 FLORIDA AVENUE COCONUT GROVE FL 33133	3155 FLORIDA AVENUE COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 10/06/1995

3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2850 S.W. 28th Terr.	26 2850 S.W. 28th Terr.
Suite, Apt. #, etc. 22 Apt. # D	Suite, Apt. #, etc. 27 Apt. # D
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33133 / 25 USA	Zip / Country 29 33133 / 30 USA

4. FEI Number: 65-0611312 ☐ 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

TERBLANCHE, ANDRE
3155 FLORIDA AVENUE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2850 S.W. 28th Terrace

83 Apt. # D

84 City: Miami FL 85 Zip Code: 33133

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) (Date) (Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PLESSIS, LOUW D		1.2 NAME		
STREET ADDRESS	1353 S 46 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND CA 94804		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TERBLANCHE, ANDRE		2.2 NAME		
STREET ADDRESS	3155 FLORIDA AVENUE		2.3 STREET ADDRESS	2850 S.W. 28th Terrace, Apt. # D	
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CREMER, JACOB		3.2 NAME		
STREET ADDRESS	3155 FLORIDA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: E. Terblanche Andre Terblanche 4/25/96 (305)461-5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)