FILE NOW: FILING FEE AFTER MAY 1 IS \$550.0

May 05 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF ATE CORPORATION Sandra B. Morthe Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORAT DOCUMENT # P95000087067 (1) K' ONDA, INC. Principal Place of Business Mailing Address 2774 MARSH WREN OR 2774 MARSH WREN CIR. LONGWOOD FL 32779 LONGWOOD FL 32779-3003 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1995 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-6324567 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Cour This corporation has liability for intangible tax under s. 199.032, 24 25 Yes X No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MENDIZABAL, MIGUEL 1320 N. SEMORAN BLVD., STE. 108 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the abovenamed 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 Statute. Signature, typical or printed name of registered agent and title if applicable (NOTE: Registerert Aget signature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) MILLE DELETE 1.1 TIFLE Change Addition FUX, ENRIHUE ENRIQUE NAME 1.2 NAME 2774 MARSH WREN CIR. STREET ADORESS 1.3 STRETT ADDRESS LONGWOOD FL 32719 CITY - \$1 - 269 1.4 GITY ST-ZIP THUE DELETE 2.1 HTLE Change Addition FUX MYRIAM NAM: 2.2 HAME 2774 MAKSH WREN CIR STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- 7(P LONGWOOD FL 32779 2. 4 DITY ST-ZIP TITLE DELETE 3.1 ThTLE Addition NAME 3.2 NAMÉ STREET ADORESS 3.3 STREET ADDRESS CHY-SI M 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COTY - ST - ZIP 4.4 CITY-ST-ZIP TIBLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP THE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY ST-ZiP 64 City-St-ZIP 14. I do 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

SIGNATURE:

TURE AND APPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97 (407) 3334764 Date Date Dayling Proce #

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