

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000091176 (4)**

1. Corporation Name
KAPPA TAU, INC.



Principal Place of Business: % ANGELO P. DEMOS. ESO. 1101 BRICLESS AVENUE, SUITE 1700 MIAMI FL 33131
Mailing Address: % ANGELO P. DEMOS. ESO. 1101 BRICLESS AVENUE, SUITE 1700 MIAMI FL 33131

3. Date Incorporated or Qualified: **11/30/1995**
3a. Date of Last Report
4. FEI Number: 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

2. Principal Place of Business: 21 **115 SE 2d ST**
Suite, Apt. #, etc.: 22 **2d FLOOR**
City & State: 23 **MIAMI FL 33131**
Zip: 24 **33131-3153**
2a. Mailing Address: 26 ~~XXXXXXXXXX~~
Suite, Apt. #, etc.: 27 **PO BOX 110239**
City & State: 28 **MIAMI, FL 33111-0239**
Zip: 29 **33111-0239** 30

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525
10. Name and Address of New Registered Agent: 81 Name: **ANGELO P. DEMOS ESO**
82 Street Address (P.O. Box Number is Not Acceptable): **1101 BRICKELL AVE**
83 **STE 1700**
84 City: **MIAMI** FL 85 Zip Code: **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, Chapter 607.0505, Florida Statutes.

SIGNATURE: *Angelo P. Demos* 27-96
Signature typed or printed name of registered agent or officer if applicable (Initials - Registered Agent Signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: CONSTANTINO, TEODORO	DELETED: <input type="checkbox"/>
STREET ADDRESS: 115 SE 2d ST, 2d FLOOR	CITY-ST-ZIP: MIAMI FL 33131-3153	
TITLE: D	NAME: CONSTANTINO, ALICIA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 115 SE 2d ST, 2d FLOOR	CITY-ST-ZIP: MIAMI FL 33131-3153	
TITLE: VP	NAME: PANAYOTIS, CONSTANTINO	DELETED: <input type="checkbox"/>
STREET ADDRESS: 115 SE 2d ST, 2d FLOOR	CITY-ST-ZIP: MIAMI FL 33131	
TITLE: SEC	NAME: CARLOS GOVANTES	DELETED: <input type="checkbox"/>
STREET ADDRESS: 115 SE 2d ST 2d FLOOR	CITY-ST-ZIP: MIAMI FL 33131	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY-ST-ZIP:	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY-ST-ZIP:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY-ST-ZIP:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY-ST-ZIP:	

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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: *Constantino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96
Date: _____ Filing Phone # _____

CR2E034 (12/95)