

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091176 (4)
1. Corporation Name: KAPPA TAU, INC.



Principal Place of Business 115 SE 2ND ST 2ND FLOOR MIAMI FL 33131-3153	Mailing Address P.O. BOX 110239 MIAMI FL 33111-0239
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3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report 04/03/1996
4. FEI Number APPLIED FOR 65-0644361	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
DEMOS, ANGELO P ESQ.
1101 BRICKELL AVE
SUITE 1700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDAS	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, TOEDORO	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY - ST - ZIP	MIAMI FL 33131-3153	
TITLE	VDAS	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, ALICIA	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY - ST - ZIP	MIAMI FL 33131-3153	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, PANAYOTIS	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY - ST - ZIP	MIAMI FL 33131-3153	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOVANTES, CARLOS	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY - ST - ZIP	MIAMI FL 33131-3153	
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 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. **TEODORO CONSTANTINO**

SIGNATURE: _____ Date: 2-26-97 Daytime Phone # _____

CR2E034 (9/96)