

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 # P95000092274 (6)

1. Corporation Name

KNIGHT MICROSYSTEMS, INC.



Principal Place of Business

2655 LEJEUNE ROAD
807 GABLES INTERNATIONAL PLZ.
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE ROAD
807 GABLES INTERNATIONAL PLZ.
CORAL GABLES FL 33134

2. Principal Place of Business

21 9495 N.W. 12 Street

Suite, Apt. #, etc.

22 Second Floor

City & State

23 Miami, Florida

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

30

Country

3. Date Incorporated or Qualified

12/05/1995

3a. Date of Last Report

4. FEI Number

65-0625645

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

KATES, LESTER G
2655 LEJEUNE ROAD
807 GABLES INTERNATIONAL PLZ.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 date of signature

Signature typed or printed name of new registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BUTT, JOHN J
STREET ADDRESS 8035 S.W. 107TH AVENUE NO. 215
CITY-STATE-ZIP MIAMI FL 33173

☐ DELETE

TITLE D
NAME TORANO, JOSEPH
STREET ADDRESS 3854 S.W. 118TH COURT
CITY-STATE-ZIP MIAMI FL 33175

☒ DELETE

TITLE D
NAME GREEN, LORN A III
STREET ADDRESS 6092 S.W. 27TH ST.
CITY-STATE-ZIP MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

D/P

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

S/T/D

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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***200.00

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 or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. BUTT

3/14/96

305-593-1735

CR2E034 (12/95)