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

FILED
Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P96000009772 (0)**

1. Corporation Name
**KAPA USA CORP.**

Principal Place of Business
**2055 NW 79 AVE**
**MIAMI FL 33122**

Mailing Address
**2055 NW 79 AVE**
**MIAMI FL 33122-1614**

3. Date Incorporated or Qualified: **01/31/1996**
3a. Date of Last Report: 1/31/96

2. Principal Place of Business
21 2055 N.W. 79 STREET
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FLORIDA
Zip 24 33122 Country 25 U.S.Q.

2a. Mailing Address
26 SAME AS BUSINESS
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0641574 — 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
**LAW FIRM OF MANFRED ROSENOW PA**
**2425 CORAL WAY**
**MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name: JUAN PABLO LEMARCHAND
82 Street Address (P.O. Box Number is Not Acceptable): 2055 N.W. 79 AVENUE
83
84 City: MIAMI **FL** 85 Zip Code: 33122

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: 01-06-97

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PSD | ☐ DELETE |
| NAME | LEMARCHAND, JUAN P | |
| STREET ADDRESS | 9619 FONTAINEBLEAU BLVD #618 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VTD | ☐ DELETE |
| NAME | IGLESIAS, CESAR | |
| STREET ADDRESS | 281 SW 122 AVE | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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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.

**SIGNATURE:** 01-06-97 (305) 599-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #