

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 STREET~~
~~MIAMI FL 33122~~

Mailing Address

~~2055 NW 79 STREET~~
~~MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1237 N.W. 93rd Ct

Suite, Apt. #, etc.

22

23 City & State
Miami FL

24 Zip
33172-2848

25 Country
U.S.A.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

LEMARCHAND, JUAN P

~~2055 NW 79th AVE.~~

~~MIAMI FL 33122~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12708 N.W. 11 Terrace

84 City Miami

FL

85 Zip Code

33182

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/98

12. OFFICERS AND DIRECTORS

TITLE PSD

NAME LEMARCHAND, JUAN P

STREET ADDRESS 9910 FONTAINEBLEAU BLVD #618

CITY-ST-ZIP MIAMI FL 33172

TITLE VTD

NAME IGLESIAS, CESAR

STREET ADDRESS 281 SW 122 AVE

CITY-ST-ZIP MIAMI FL 33184

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 12708 N.W. 11 Terrace

1.4 CITY-ST-ZIP Miami, FL 33182

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Carina Lemarchand

2.3 STREET ADDRESS 9619 Fontainebleau Blvd. #501

2.4 CITY-ST-ZIP Miami, FL 33172

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

7/31/98 (305) 599-7121

CR2E034 (5/98)