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PROFIT CORPORATION ANNUAL REPORT

1999

KMR FINANCIAL GROUP, INC.

1. Corporation Name



DOCUMENT # P96000014794

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90011 011 ***150.00

Principal Place	e of Business	Mailing Address								
9737 NW 41 ST	REET	9737 NW 41 STREET	erro-species, where				2			
SUITE 323 MIAMI FL 33178		SUITE 323 MIAMI FL 33178				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33170	•	MICHII I E GGITO				3. Date Incorporated or Qualifed				
						02/16/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For	
21 1867 N.W. 97th AVE		26 1867 N.W. 97th AVE				65-0658051		Not	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22 Ste# 105		27 Ste#105				5. Cermode of Claims Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00	•	
23 MIAMI	FL	28 MIAMI	FL			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip		ıntry		8. This corporation owes the curre	ent year Into			
24 33172	-2300 25 U.S.A.	29 33172-230)O 30 U.	S.A.	<u> </u>	Personal Property Tax.			□No	
	Name and Address of Current	Registered Agent	-	81 N		10. Name and Address of New R	egistereu	Agent		
LIDID	E 150110 1			ן ויפן	Name					
	BE, JESUS L ' N.W. 97TH AVENUE #105			82 5	Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
	AI FL 33172			83						
INITAL	MI FL 33172			63						
[•			84 (City		FL	85 Zip C	Code	
				<u> </u>		and a submit this statement for the		changing its	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	at Florida. Such change v	vas autnorized	o ov une	ameo corpo e corporatio	oration submits this statement for the on's board of directors. I hereby accep	t the appoi	ntment as reg	gistered	
Office of 1	egistered agent, or board in the eters								,	
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0503	5, Florida Stat	utes.					Ì	
agent. I a	W 4 F		o, Flonda Stat	utes.					·	_
SIGNATURE	Y , s Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	utes.		d when reinstating)	DATE		·	(ag
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. D DIRECTORS	(NOTE: Registered	d Agent siç			DATE		·	11/00/
SIGNATURE 12. TITLE	Signature, typed or printed name of registered egen OFFICERS ANI	and title if applicable.	(NOTE: Registered	Agent sig		d when reinstating)	DATE	D DIRECTO	RS IN 12	7 / 11
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered egen OFFICERS ANI PSD URIBE, JESUS L	and title if applicable. D DIRECTORS DELET	(NOTE: Registered 13.	Agent sig	gnature required	d when reinstating)	DATE	D DIRECTO	RS IN 12	24 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered egen OFFICERS ANI PSD URIBE, JESUS L 1867 N.W. 97TH AVENUE #105	and title if applicable. D DIRECTORS DELET	(NOTE: Registered 13. FE 1.1 TF 1.2 N/ 1.3 ST	Agent sig	gnature required	d when reinstating)	DATE	D DIRECTO	RS IN 12	7 / 11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered egen OFFICERS ANI PSD URIBE, JESUS L	and title if applicable. D DIRECTORS DELET	(NOTE: Registered 13. FE 1.1 TF 1.2 NV 1.3 ST 1.4 CI	Agent sig	gnature required	d when reinstating)	DATE	D DIRECTO	RS IN 12	24 (11
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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)(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 eath; 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

3/31/99 (305)471-7394