

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043497 (2)

1. Corporation Name
KIMBRIKAIT, INC.

Principal Place of Business

Mailing Address

~~4675 PONCE DE LEON BLVD SUITE 305~~
~~CORAL GABLES FL 33146~~

~~4675 PONCE DE LEON BLVD SUITE 305~~
~~CORAL GABLES FL 33146-2113~~

2. Principal Place of Business

21 2200 LUCIEN WAY

Suite, Apt. #, etc.

22 STE 185

City & State

23 WATLAND, FL

Zip

24 32751

Country

25 ORANGE

2a. Mailing Address

26 2200 LUCIEN WAY

Suite, Apt. #, etc.

27 STE. 185

City & State

28 WATLAND, FL

Zip

29 32751

Country

30 ORANGE

3. Date Incorporated or Qualified

05/15/1996

3a. Date of Last Report

4. FEI Number

59 - 3384385

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

STINSON, LOUIS JR
4675 PONCE DE LEON BLVD SUITE 305
CORAL GABLES FL 33146

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STINSON, LOUIS JR
STREET ADDRESS 4675 PONCE DE LEON BLVD SUITE 305
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE PRESIDENT
NAME MARK R. LUCIANO
STREET ADDRESS 314 SABAL PARK PL, #202
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VICE PRESIDENT
NAME WAREN R. LUCIANO
STREET ADDRESS 314 SABAL PARK PL #202
CITY-ST-ZIP LONGWOOD, FL 32779

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

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Change Addition

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 Mark R. Luciano 4/20/97 467-875-1033

FILED
May 16 1997 8:00am
Secretary of State



CR2E034 (9/96)