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

Mailing Address

HIALEAH FL 33012-4187

3730 W. 10 CT.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3730 W. 10 CT.

HIALEAH FL 33013



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054414 (3)

KING COMMUNICATIONS & SERVICES, INC.

3. Date incorporated or Qualified 3a. Date of Last Report 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied For** 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees 2ω Country Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🗹 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTINEZ, MARIA J 3730 W. 10 CT. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 84 City 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, type dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change ____ Addition MARTINEZ, MARIA J MAME 1.2 NAME 3730 W. 10 CT. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 DITY - ST - ZIP 1.4 CITY-ST-ZIP DV THILE DELETE Change 2.1 TITLE Addition DELGADO, DANIEL R NAM5 2.2 NAME 3730 W. 10 CT. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33013 CCTY - ST - ZIP 2. 4 CITY-ST-ZIP TITE DELETE 3.1 TITLE Change Addition NAMS 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-76 3.4 CITY-ST-ZIP THILE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS OTY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE Title F 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 702 5.4 CITY-ST-ZIP DELETE THEF 61 TITLE Change Addition NAME 62 NAME STREET ADORESS **63 STREET ADDRESS** 64 CITY - ST-ZIP 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