

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

FILED  
Apr 29 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 # P96000062095 (0)

1. Corporation Name  
KIES ENTERPRISES, INC.



2. Principal Place of Business  
4 MINORCA AVE  
SUITE 200  
CORAL GABLES FL 33134

Mailing Address  
334 MINORCA AVE  
SUITE 200  
CORAL GABLES FL 33134-4304

3. Date Incorporated or Qualified  
07/23/1996

3a. Date of Last Report

21. Principal Place of Business  
9048 SW 152 ST.  
Suite, Apt. #, etc.

22. City & State  
MIAMI, FL

23. Zip  
33157

24. Country  
USA

25. City & State  
MIAMI, FL

26. Zip  
33157

27. Country  
USA

4. FEI Number  
65-0691660

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  
BRIDGES, ROGER A  
334 MINORCA AVE  
SUITE 200  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name  
CONRAD A. KIES

82. Street Address (P.O. Box Number is Not Acceptable)  
9048 SW 152 ST

83.

84. City  
MIAMI

85. Zip Code  
FL 33157

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 Conrad A. Kies CONRAD A. KIES 4-21-97  
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	<input checked="" type="checkbox"/> DELETE
NAME	BRIDGES, ROGER A	
STREET ADDRESS	334 MINORCA AVE SUITE 200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONRAD A. KIES	
1.3 STREET ADDRESS	15205 SW 73 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL 33157	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANET S. KIES	
2.3 STREET ADDRESS	15205 SW 73 CT.	
2.4 CITY-ST-ZIP	MIAMI, FL 33157	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)