


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

FILED

May 08 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 # P96000073741 (6)					
1. Corporation Name KAI INTERNATIONAL, INC.					
Principal Place of Business 777 NE 62 ST. #PHC6 MIAMI FL 33136			Mailing Address 777 NE 62 ST. #PHC6 MIAMI FL 33136-6264		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report	
22 City & State		27 City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
p. Name and Address of Current Registered Agent TRELLES, JOCELYN 777 NE 62 ST. #PHC6 MIAMI FL 33136				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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			Change Addition		
1.2 NAME			Change Addition		
1.3 STREET ADDRESS			Change Addition		
1.4 CITY-ST-ZIP			Change Addition		
2.1 TITLE			Change Addition		
2.2 NAME			Change Addition		
2.3 STREET ADDRESS			Change Addition		
2.4 CITY-ST-ZIP			Change Addition		
3.1 TITLE			Change Addition		
3.2 NAME			Change Addition		
3.3 STREET ADDRESS			Change Addition		
3.4 CITY-ST-ZIP			Change Addition		
4.1 TITLE			Change Addition		
4.2 NAME			Change Addition		
4.3 STREET ADDRESS			Change Addition		
4.4 CITY-ST-ZIP			Change Addition		
5.1 TITLE			Change Addition		
5.2 NAME			Change Addition		
5.3 STREET ADDRESS			Change Addition		
5.4 CITY-ST-ZIP			Change Addition		
6.1 TITLE			Change Addition		
6.2 NAME			Change Addition		
6.3 STREET ADDRESS			Change Addition		
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:

Jocelyn Trelles

JOCELYN TRELLES

4/9/97 305-956-6212

CR2E034 (9/96)