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PROFIT
CORPORATION
ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075062 (5)

KM BUSINESS BROKERS, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2211 LEE ROAD, STE. 208 2211 LEE ROAD, STE. 208 WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1996 2, Principal Place of Business 26. Mailing Address Applied For 59-346761 21 26 APPLIED FOR Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name PAIK, MYUNG 2211 LEE ROAD, STE. 208 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 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, typod or printed name of registered agent and tibe if applicable (NO1): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Channe Addition TITLE 1.1 10116 SANCHEZ, MIGUEL A NAME 1.2 NAME 111 ROSECLIFF CIRCLE STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change ■ Addition PAIK, MYUNG NAME 22 NAME 1110 HYDE CT. STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition TITLE 3.1 TILLE ☐ Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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 13 if changed, or on an attachment with an address.

Mario anti

4/30/98