


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

FILED
May 22 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 # P96000081236 (7) 1. Corporation Name KSS DESIGN, INC. | | | |
| Principal Place of Business 9300 SW 87TH AVE. MIAMI FL 33176 | | Mailing Address 9300 SW 87TH AVE. MIAMI FL 33176-2419 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | |
| 3. Date Incorporated or Qualified 10/01/1996 | | 3a. Date of Last Report | |
| 4. FEI Number 65-0752783 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | 8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No | |
| 9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
| 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. TITLE NAME STREET ADDRESS CITY - ST - ZIP D SIEGER, CHARLES M 9300 SW 87TH AVE. MIAMI FL 33176 | | 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP Change Addition | |
| 2. TITLE NAME STREET ADDRESS CITY - ST - ZIP D SUAREZ, JOSE J 9300 SW 87TH AVE. MIAMI FL 33176 | | 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP Change Addition | |
| 3. TITLE NAME STREET ADDRESS CITY - ST - ZIP D KEENA, JAMES T 9300 SW 87TH AVE. MIAMI FL 33176 | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition | |
| 4. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition | |
| 5. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition | |
| 6. TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 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: James T. Keena Pres. 4/9/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR2E034 (9/96)

DATE 5-19-97**FACSIMILE TRANSMISSION**

INTERNAL REVENUE SERVICE
Atlanta Service Center
PO Box 47-421
Tele-TIM Unit Stop 751
Doraville, Ga 30162

NAME AND TITLE

FAX NUMBER

Javier Henriquez (305) 274-2887

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET 2

IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL US AT 770-455-2857 OR 770-455-2860 OR FAX US AT FAX NUMBER IS 770-455-2660.

COMMENTS: SEE ATTACHED SHEET FOR EMPLOYER IDENTIFICATION NUMBER AND YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER WITHIN 30 DAYS.

CAUTION:

THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYER, OR AGENT FOR DELIVERING THE COMMUNICATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION, MAY BE STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE CALL, AND RETURN THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE. THANK YOU

ATTACHMENT 1

COMPANY NAME:

KSS Design, Inc

EMPLOYER IDENTIFICATION NUMBER (EIN):

65-0752783



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 16, 1997

→ KSS DESIGN, INC.
9300 SW 87TH AVE.
MIAMI, FL 33176-2413

SUBJECT: KSS DESIGN, INC.
Ref. Number: P96000081236

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

TO AVOID THE \$385.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 297A00019380

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