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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 01 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093982 (2)

Principal Place of Business C/O KTG&S REGISTERED AGENT CORPORATION STORE SAID ST. SATURE CORP.	Mailing Address C/O KTG&S REGISTERE			
100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131	100 S.E. 2ND ST., 28TH Miami Fl 33131-2100	FLOOR		
			3. Date Incorporated or Qualified 11/15/1996	3a. Date of Last Report
2, Principal Place of Business	20. Mailing Address		4 El Number	Applied For
21	26	···, · ····		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		intangible tax under s. 199.032,
24 25	29	30	Florida Statutes	Yes No
9. Name and Address of Curr		81 Name	10. Name and Address of New R	egistered Agent
KTG&S REGISTERED AGENT COR	PURATION	O1 14GING		
100 S.E. 2ND STREET 28TH FLOOR		82 Street Ad	ddress (P.O. Box Number is Not Accepta	ble)
MIAMI FL 33131		83		
Tributine (E 00101		-25		
		B4 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the oblining SIGNATURE	ligations of, Section 607.0505, I	Porida Statutes.		purpose of changing its registered in the appointment as registered
Signature, typed or printed name of requstered a OFFICERS A	agent and to cit applicable RNO AND DIRECTORS	III. Begistered Agent signature in	equired when reinstating) ADDITIONS/CHANGES TO OFFI	CCDC AND DIDECTORS IN 12
TITLE DP	DELETE	117DLF	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME William TEM	J. III	1.2 NAMÉ		
STREET ADDRESS 9800 NE and	AVE. #2	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 3	3138	1.4 C/1Y - \$1 - 7/P		(2)
TITLE DIST	_ DELFTE	2 1 11TLF		Change Addition
NAME BENEY KNIE	11 1 11 11 11 11 11 11 11 11 11 11 11 1	2.5 NAME		
STREET ADDRESS 9800 NE 200	d Ave #Z	2.3 STHEET ADDRESS		
	221281	2 4 CHY-S1 ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME CTOPET ADDRESS		3.2 NAME	•	ĺ
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4 CHY-ST-7IP 4.1 THLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY-\$1 - ZIP		11 11
TITLE	DELFTE	5.1 1ITLE		Change dddition
NAME		5.2 NAME	•	Monthlood
STREET ADDRESS		5.9 STREET ADDRESS		CH 11/1/1
CITY-ST-ZIP		5.4 CHY - \$1 - 71P		11/-1//
TITLE	DELFTE	6.1 TITLE	10000216	hange Addition
NAME		6.2 NAME	10000216 -05/05/97010	47041
STREET ADDRESS		6.3 STREET ADDRESS	00400400 00	ri wax

6.3 STREET ADDRESS

6.4 C(1Y+S1+7)P

***165.00

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 eath; that I am an officer or director of the corporation or the reserver or under 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 to attachment with an address.