

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102646
1. Corporation Name

KINGSLY HOLDING CORP.

APPROVED
AND
FILED

97 MAY -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O PENNSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., STE. 4874
MIAMI FL 33131

Mailing Address
C/O PENNSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., STE. 4874
MIAMI FL 33131-5339

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

3. Date Incorporated or Qualified

12/20/96

3a. Date of Last Report

4. FEI Number

65-0720273

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENNSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD.
SUITE 4874
MIAMI FL 33131

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

NOTE: Registered Agent Signature Required After Filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D/P/S
2. NAME Marcela Espejel Vega
3. STREET ADDRESS 200 S. Biscayne Boulevard
4. CITY-STATE-ZIP Miami, FL 33131

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

1. TITLE D/P/S
2. NAME Agustín López Morales.-
3. STREET ADDRESS 200 S. Biscayne Boulevard,
4. CITY-STATE-ZIP Miami, FL 33131

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

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****165.00 ****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)(b), 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. 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

Agustín López Morales.-, President

4/27/97