

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000102646 (2)

1. Corporation Name
KINGSLY HOLDING CORP.



Principal Place of Business Mailing Address
C/O PENINSULA REGISTERED AGENTS, INC. C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., BLVD. 4874 200 S. BISCAYNE BLVD., BLVD. 4874
MIAMI FL 33131-5339 MIAMI FL 33131-5339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>40 American Information Services, Inc.</i>		26 <i>40 American Information Services, Inc.</i>		12/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <i>One S.E. 3rd Ave, 28th Floor</i>		27 <i>One S.E. 3rd Ave, 28th Floor</i>		65-0720273	
City & State		City & State		Applied For	
23 <i>Miami, FL.</i>		28 <i>Miami, FL.</i>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33131-1714		33131-1714		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
U.S.A.		U.S.A.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD MIAMI FL 33131				81 Name <i>American Information Services, Inc.</i>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<i>One S.E. 3rd Avenue</i>			
				83 <i>28th Floor</i>			
				84 City <i>Miami</i> FL 85 Zip Code <i>33131-1714</i>			

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. I, *Agustin L. Lopez*, Secretary of the corporation, hereby certify that the above information 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 *Agustin L. Lopez* DATE *3/9/98*
Signature of the registered agent or the individual applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	<input type="checkbox"/> DELETE		1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALES, AGUSTIN L			1.2 NAME	<i>LOPEZ Agustin</i>		
STREET ADDRESS	200 S. BISCAYNE BOULEVARD			1.3 STREET ADDRESS	<i>One S.E. 3rd Avenue, 28th Floor</i>		
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST-ZIP	<i>Miami, FL. 33131-1714</i>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (1097)