

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000102957 (3)**  
 1. Corporation Name  
**KAL TECHNOLOGIES, INC.**



Principal Place of Business <b>3000 SPRINGDALE BLVD.                  APT. V-202                  LAKE WORTH FL 33461-1547</b>	Mailing Address <b>3000 SPRINGDALE BLVD.                  APT. V-202                  LAKE WORTH FL 33461-1547</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>9616 NW 7th Circle</b>	26 <b>9616 NW 7th Circle</b>		
Suite, Apt. #, etc. 22 <b>1627</b>		Suite, Apt. #, etc. 27 <b>#1627</b>	
City & State 23 <b>Plantation, FL</b>		City & State 28 <b>Plantation, FL</b>	
Zip 24 <b>33324</b>	Country 25 <b>Broward</b>	Zip 29 <b>33324</b>	Country 30 <b>Broward</b>

3. Date incorporated or Qualified <b>12/23/1996</b>		
4. FEI Number <b>APPLIED FOR 65-0752499</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CRUZ, DIEGO JR.  
 3000 SPRINGDALE BLVD.  
 APT. V-202  
 LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9616 NW 7th Circle #1627</b>
83	
84 City	<b>Plantation FL</b>
85 Zip Code	<b>33324</b>

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: Diego Cruz Jr DATE: 4/24/98

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUZ, DIEGO</b>	
STREET ADDRESS	<b>3000 SPRINGDALE BLVD., SUITE V-202</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>9616 NW 7th Circle #1627</b>	
1.4 CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kalkiga Kulandaidu</b>	
2.3 STREET ADDRESS	<b>1800 W Meyer Lane #15204</b>	
2.4 CITY-ST-ZIP	<b>Oak Creek, WI 53154</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Diego Cruz Jr DATE: 4/24/98

CR2E034 (10/97)