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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90240 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000028142**

1. Corporation Name
THE KINETIC GROUP, INC.



Principal Place of Business: **7487 SW 82 ST C-209 MIAMI FL 33143 US**
 Mailing Address: **100 LINCOLN ROAD #1231 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5890 SW 82 ST**
 Suite, Apt. #, etc.: **#326**
 City & State: **MIAMI FL**
 Zip: **33143** Country: **USA**

2a. Mailing Address: **6619 S. Dixie Hwy.**
 Suite, Apt. #, etc.: **#326**
 City & State: **MIAMI FL**
 Zip: **33143** Country: **USA**

3. Date Incorporated or Qualified: **03/25/1997**

4. FEI Number: **65-0738778** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CADENAS, MARIA I
~~7487 S.W. 82ND ST.~~
~~C-209~~
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is not acceptable): **5890 SW 82 ST**
 83
 84 **MIAMI** FL 85 Zip Code: **33143**

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: *Maria I. Cadenas* **MARIA I. CADENAS** **3/1/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P80 <input type="checkbox"/> DELETE
NAME	SUAREZ-MARILL, JOSE E
STREET ADDRESS	7487 SW 82 STREET C-209
CITY-ST-ZIP	MIAMI FL 33143
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	VP Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5890 SW 82 ST
1.4 CITY-ST-ZIP	MIAMI FL 33143
2.1 TITLE	VP Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIA J. AGUIRRE
2.3 STREET ADDRESS	9820 NE 5th Ave Road
2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
3.1 TITLE	PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIA ISABEL CADENAS
3.3 STREET ADDRESS	5890 SW 82 ST
3.4 CITY-ST-ZIP	MIAMI FL 33143
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, with all other like empowered.

SIGNATURE: *Maria I. Cadenas* **MARIA I. CADENAS** **3/1/99** **305-665-4730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)