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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra R. Mortha

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085821 (1)

FILED Feb 27 1998 8:00am Secretary of State

KYNET	IX, INC.				
Principal Plac	ce of Business	Mailing Address			DIOPONIAL ARMA NOBA MAN URBI
10580 SW 747H AVENUE		10580 SW 74TH AVENUE	F		
MIAMI FL 33156		MIAMI FL 33156			
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
2. Principal F	lace of Business	2a. Mailing Address		10/03/1997	
21		26		65-0785036	Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.		63-0763036	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζψ	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	🗌 Yes 🔀 No
<u> </u>	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent
	IITH, MARK D		81 Name		
1	580 SW 74TH AVENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156			L_L_		
•			83		
			84 City		85 Zip Code
44.0				F	L 1 1 '
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida Such change was	tes, the above-named co authorized by the corpor:	rporation submits this statement for the purpose ation's board of directors. I bereby accept the ar	of changing its registered
agent fa	m familiar with, and accept the obliga	dions of, Section 607.0505, Ft	orida Statutes.	ation's board of directors. I hereby accept the ap	A Positional de l'ogistateur
SIGNATURE	Signature, typed or proceed outsit of regularization	th	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22198
12.	OFFICERS AND		Registered Agent signature root 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
THLE	D	DELETE	11 THILE	ADDITIONO/OFFANGES TO OFFICERS AF	Change Addition
NAME	SMITH, MARK D	_	1.2 NAME		United Transfers
STREET ADDRESS	10580 SW 74TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Gomez, jaime r		2 2 NAME		
STREET ADDRESS	10580 SW 74TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2 4 CITY-ST-ZIP		
		DECETE	3 1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ESPERANZA CRUZ		32 NAME		
STREET ADDRESS	10580 SW 74TH AVENUE		3 3 STREFT ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		3 4. CITY+ST-ZIP		
TATLE		DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DETETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

4. 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:

TASTA

MARK D. SMIT

2/20/90

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