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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000092165

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 036 ***150.00

KGM FO	ODS USA, INC.							
Principal Place	e of Business	Mailing Address			(1 \$6011 00911 00116 601	IFT 08 E10 10110 11601 1101	M Mildt Bill tobi
999 PONCE DE	LEON BLVD	999 PONCE DE LEON BLVD	ı				•	
SUITE 1015 CORAL GABLES FL 33134		SUITE 1015			DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33134		CORAL GABLES FL 33134			3. Date Incorporated or Qualified			
					10/27/1997			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			65-0807526			ot Applicable
	#, etc	. Suite, Apt. #, etc.	<u> </u>		5. Certifcate of Status	Desired 🗆	•	Additional
22		27				 		tequired
City & State	e	City & State			6. Election Campaign	- 1		May Be to Fees
23	Country	Zip	Cour	tn/	Trust Fund Contrib			10 rees
Zip	Country		30	iu y	8. This corporation ov Personal Property		Yes ☐	No
24	9. Name and Address of Current		100		10. Name and Address		stered Agent	/
				81 Name	ARlos F. Co	once pc ior	a Esc	
	IGS, INC.		-	82 Street Addr	ress (P.O. Box Number is			
	N.W. 16TH STREET		ļ	Silver AC	oncepcion + :	Sexton	LLP	
FT. l	LAUDERDALE FL 33311-4132			83 90	99 Ponce de ,	Leon Blu	id. Suite	015
			}	84 City	Pal C. Wes			Code
44.5	to the provisions of Sections 607.0502		e the ab	CO)	poration submits this state	ment for the num	one of changing if	3 / 3 4 s registered
11. Pursuant	to the provisions of Sections 607.0502	and 607, 1506, Florida Statute	s, uie ab	ove-named corp	JUI ALIUTT SUUTTILIS TITIS STATE	neut for the barb	annointment as t	0 10810101
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office or n agent. I an SIGNATURE	egistered ages of both, in the State of m familiar with and accept the obligation	ons of Section 607.0505, Flori	tnorized da Statu	les.	on's board of directors. The	ereby accept the $3-1/2$	1- 99 DATE	egistered
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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:

SIGNATURE AND TYPED OR