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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000093068

1. Corporation Name
KIMCOR, INC.



Principal Place of Business
 5908 N. ARMENIA AVE., STE. 200
 TAMPA FL 33603
 US

Mailing Address
 10370 CARROLLWOOD LANE
 APT 237
 TAMPA FL 33618
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

75-2732938

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5908 N. Armenia Ave.

22 City & State

27 Suite 200

23 Zip Country

28 Tampa, FL

24 Zip Country

29 33603 30 Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

LLAUGET, KIMBERLY L
 5908 N. ARMENIA AVE., STE. 200
 TAMPA FL 33603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable

Kimberly Llauget, D,V,S,T

1-5-99

(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME D LLAUGET, KIMBERLY L
 STREET ADDRESS C/O 8033 N MACARTHUR BLVD #2132
 CITY-ST-ZIP IRVING TX 75063

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D,V,S,T Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 5908 N. Armenia Ave. Suite 200
 1.4 CITY-ST-ZIP Tampa, FL 33603

2.1 TITLE President Change Addition
 2.2 NAME Remigio J. Llauget
 2.3 STREET ADDRESS 5908 N. Armenia Ave. Suite 200
 2.4 CITY-ST-ZIP Tampa, FL 33603

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 813-877-7155
 Date Daytime Phone #

CR2E034 (1/1/98)