

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057271
1. Entity Name KH INVESTMENT GROUP, INC.

Principal Place of Business 715 5TH STREET MIAMI BEACH, FL 33139	Mailing Address SAME
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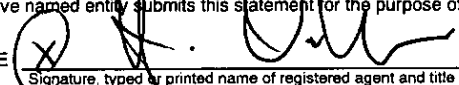
2. Principal Place of Business 715 5TH STREET Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State MIAMI BEACH, FL	City & State
Zip 33139	Country DADE

4. FEI Number 65-0848702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HORST ORTNER 715 5TH STREET MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 Trust Fund Contribution. May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HORST ORTNER STREET ADDRESS 715 5TH STREET CITY - ST - ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSTC NAME DANIEL ROUSSEAU STREET ADDRESS 715 5TH STREET CITY - ST - ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE VSTC NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DANIEL ROUSSEAU STREET ADDRESS 715 5TH STREET CITY - ST - ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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CR2034 (9/99)