

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90078 011 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

**DOCUMENT # P98000070820**

1. Corporation Name  
**KHD FINANCIAL CORP.**

|   |   |
|---|---|
| Principal Place of Business<br>1101 BRICKELL AVE., STE. M-101<br>MIAMI FL 33131 | Mailing Address<br>1101 BRICKELL AVE., STE. M-101<br>MIAMI FL 33131 |
|---|---|



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

65-0863111

Applied For

Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

SMITH, LINDA M  
 11900 BISCAYNE BLVD, STE. 200  
 MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**DANNER, STEPHEN**  
 STREET ADDRESS **1101 BRICKELL AVE., STE. M-101**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **DV**  
**KANE, MONTE**  
 STREET ADDRESS **1101 BRICKELL AVE., STE. M-101**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **DST**  
**HOFFMAN, RICHARD M**  
 STREET ADDRESS **1101 BRICKELL AVE., STE. M-101**  
 CITY-ST-ZIP **MIAMI FL 33131**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

1/28/99

305-789-7900

CR2E034 (11/98)