FOR PROFIT CORPORATION IIFORM BUSINESS REPORT (UBR) 2002 DOCUMENT # P980000 92232 02 NOV -6 AMII: 23 Kimter Rg, Inc TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address W Lancostex Rd <u>777</u> Suite, Apt. #, etc. Suite, Apt. #, etc. Apt DO NOT WRITE IN THIS SPACE 17F City & State City & State FL 4. FEI Number Applied For 59-353891*5* Not Applicable 32809 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1, Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS TITLE NAME Galvis Rodrigo NAME W Lancoster Rd Apl 77F STREET ADDRESS 11/06/02--01029--001 **150.00 STREET ADDRESS CITY-ST-ZIP Orlando FL 32809 CITY-ST-ZIP TITLE TITLE NAME Latorre, Rosa D 177 W. Longoster Rd Apt 77F NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE NAME IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME . -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information Thereby Certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMTEK RG, INC DOC. # P98000092232

OCTOBER 28, 2002

DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE ME THE REINSTATEMENT FEE OF \$ 600 FOR MY CORPORATION. I DID NOT FILE THE UNIFORM BUSINESS REPORT ON TIME BECAUSE I DID NOT RECEIVED THE UNIFORM REPORT. ENCLOSED IS A CHECK FOR \$150 FOR THE ANNUAL REPORT FEE AND THE CORPORATE SUPPLEMENTAL FEE.

THANK YOU FOR YOUR ATTENTION,

RODRIGO GALVIS, PRESIDENT

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