## Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000002884** KAS INTERNATIONAL GROUP INC. 04-03-2000 90148 049 \*\*\*150.00 Principal Place of Business Mailing Address 3333 N.W. 74TH AVE. 3333 N.W. 74TH AVE. MIAMI FL 33122 MIAMI FL 33122-1229 *AUUJJ452* 2. Principal Place of Business 3. Mailing Address 1876. N. UNIVERSITY DR 1876. UNIV. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 201-0 201-0 4. FEI Number Applied For City & State City & State 65-0887734 PLANTATION Not Applicable PLANTATION, FL. Country \$8.75 Additional Zip 5. Certificate of Status Desired 33322 U.S.A. 33322 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAIKISHIN U. BABANI BABANI, JAIKISHAN U Street Address 1807 60x Number is Most Avcepta DR., Suite 201-0 3333 N.W. 74TH AVE. MIAMI FL 33122 City Zip Code PLANTATION <del>33322</del> 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE BABANI JAIKISHIN U. LX<sup>OINIUE</sup> L7 1876, N. UNIV. DR., Suite 201-0 NAME NAME BABANI, JAIKISHAN U STREET ADDRESS STREET ADDRESS 3333 N.W. 74TH AVE. CITY-ST-ZIP PLANTATION, FL. 33322 CITY-ST-ZIP MIAMI FL 33122 \_**★**Change Addition □ Delete TITLE BABANI, ANNELIE B NAME MODIN-BABANI, ANNELIE B NAME 1876, N. UNIV. DR., Suite 201-0 STREET ADDRESS STREET ADDRESS 3333 N.W. 74TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** PLANTATION, FL. 33322 ☐ Addition TITLE Change TITLE -Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

3. I hereby 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2000-02-29

(954) 915-8640

Daytime Phone #