

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S03495** (6)
 1. Corporation Name
KPI, INC.



Principal Place of Business: **14607 SW 104 STREET MIAMI FL 33186 US**
 Mailing Address: **14607 SW 104 STREET MIAMI FL 33186 US**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
09/28/1990

2. Principal Place of Business
 21 **10220 SW 125 St.**
 22 Suite, Apt. #, etc.
 23 **Miami, Florida**
 24 Zip **33176** 25 Country **USA**

2a. Mailing Address
 26 **10220 SW 125 St.**
 27 Suite, Apt. #, etc.
 28 **Miami, Florida**
 29 Zip **33176** 30 Country **USA**

4. FEI Number **65-0220840** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SCHIFF, JAMES M.
9100 S DADELAND BLVD.
SUITE 1010
MIAMI FL 33158

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 | DPST | <input type="checkbox"/> DELETE |
| NAME | LOWY, KENNETH J. | |
| STREET ADDRESS | 14607 SW 104 STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | LOWY, SIMON | |
| STREET ADDRESS | 14607 SW 104 STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | MORIN, ALEJANDRO J. | |
| STREET ADDRESS | 14607 SW 104 STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | Ebina Lowy D/S/V | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------|--|
| 1.1 TITLE | D/P/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Kenneth J. Lowy | |
| 1.3 STREET ADDRESS | 10220 SW 125 St. | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33176 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | D/S/V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Ebina Lowy | |
| 4.3 STREET ADDRESS | 10220 SW 125 St | |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33176 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 employed 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.

SIGNATURE:  **7-298 (305) 343-2100**

CR2E034 (10/97)