CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

95 JUN -9 AM 9:05

DOCUMENT # S09814 (2)

1. Corporation Name
K C C & S ASSOCIATES, INC.

Principal Place of Business
2150 CORAL WAY
4TH FLOOR
MIAMI FL 33145
US

Mailing Address
2150 CORAL WAY
4TH FLOOR
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 08/03/1994

4. FEI Number: 65-0227967 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

~~KIENKER, LINDA~~
~~2150 CORAL WAY~~
~~4TH FLOOR~~
~~MIAMI FL 33145~~

Helio Milian
2150 Coral Way
4th Floor
Miami, Florida

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 607.1502 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] — 6-5-95
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	P
NAME	~~KIENKER, LINDA~~
STREET ADDRESS	~~14950-B SW 48 TERR~~
CITY-ST-ZIP	~~MIAMI FL~~ Resigned
TITLE	S
NAME	SANIN, GUS
STREET ADDRESS	2271 SW 26 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	~~NICOLAIDES, EMMANUEL N~~
STREET ADDRESS	~~SW 67TH AVE.~~
CITY-ST-ZIP	~~S MIAMI FL~~ Left Corp.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	P.	[X] Change [ ] Addition
3 2 NAME	Helio Milian	
3 3 STREET ADDRESS	10227 N.W. 9 St. Circle #203	
3 4 CITY-ST-ZIP	Miami, Florida 33172	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] President — 6/10/95 — 305-860-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Helio Milian

0187078 CP