FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

S28428

(8)

1. Corporation Name K.C. RENTALS OF MIAMI, INC. Principal Place of Business Mailing Address 13000 S W 120TH ST MIAMI FL 33186 MIAMI FL 33186								
					3. Date Incorporated or Qualified		e of Last Re	•
9 Principal Di	ace of Business	2a. Mailing Address			01/16/1991 4. FEI Number		04/18/19	Applied For
2. Filholparek 21	ace of Business	26 Vidining Address			65-0283678		-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired		Fee F	Required
City & State	9	City & State			6. Election Campaign Financing	F-1	\$5.0	O May Be
23		28			Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for i	intangible t \tilde\tau\tau	ax under s	199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R		Agent	
	g. Italie and Address of Culte	in Hodistolog Wasit	81	Name	TO, THIND WILL AUDIESS OF HOW IT	-A-910100	Re-in	
にロハソハ	ANTONIO				(D.O. Co. N. ester is No. 4 e e e e	le)		
FROYO, ANTONIO 13000 SW 120TH ST			62	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
	FL 33186		83					
101W W*(1)	12 00 100		84	Otto			00 7:	o Codo
			04	City		FL	- 85 Zip	p Code
or register familiar wit SiGNATURE	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authoriz stion 607.0505, Florida Statutes	zed by the corp s.	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	ointmen as	anging its ri s registered	agent. I am
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NO ND DIRECTORS	OTE Registered Ager	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIDECTO	DO IN 10
TITLE	D	DELETE	1, 1 TITLE		ADDITIONS/CHANGES TO OTT	ICENS AIN	Change	Addition
NAME	FROYO, ANTONIO		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY - 9	ST - ZIP				
TITLE	D DELETE		2. 1 TITLE				☐ Change	☐ Addition
NAME	PERRIN, ARTHUR		2.2 NAME					
STREET ADDRESS	13000 SW 120TH		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY - 9	ST - ZIP				
TITLE			3. 1 TITLE				☐ Change	☐ Addition
NAME	FROYO, IVANKA		3.2 NAME					
STREET ADDRESS	13000 SW 120TH STREET		3.3 STREE	i i				
CITY-ST-ZIP	Delete		3.4 C(TY - 5 4. 1 T(TLE	ot - ZIP			☐ Change	Addition
TITLE NAME	DEDOIN DOCE	Ŭ pricir	4. 1 111LE 4.2 NAME					LI Addition
STREET ADDRESS	PERRIN, ROSE 13000 SW 120TH STREET		4.2 NAIVIE 4.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY - S					
TITLE	INDIAN LE	DELETE	5. 1 TiTLE				☐ Change	Addition
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE	F-9		6. 1 THTLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	}		6.3 STREE1	ADDRESS				
CITY-ST-ZIP	1 A/A All A All Al	Lindale Albin Efficient to an all and a decided	64 CITY-S			07/0/// 5	ada Ot-	las 14
certify that	t the information indicated on this ann	nual report or supplemental ann	nual report is tru	ie and accura	for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607. Fl	same lega	al effect as if	f made under

oath; that I am an officer or director of the corporation of the receiver of musicer en appears in Block 12 or Block 13 if changed, or on an attachment with an address. 3/14/96 305-232-1032

SIGNATURE:

ND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR