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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # S49204

1. Corporation Name

K. HILLS, INC.

Principal Place of Business | Mailing Address

| | |
|---|---|
| 2. Principal Place of Business<br>21 501 Brickell Key Drive<br>Suite, Apt. #, etc.<br>22 Suite 400<br>City & State<br>23 Miami, Florida<br>Zip 24 33131 Country 25 U.S.A. | 2a. Mailing Address<br>26 501 Brickell Key Drive<br>Suite Apt. #, etc<br>27 Suite 400<br>City & State<br>28 Miami, Florida<br>Zip 29 33131 Country 30 U.S.A. |

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number 65-0262276 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81 Name: SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive

83 Suite 400

84 City: Miami, FL 85 Zip Code: 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: If registered agent signature required when formation)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | D P<br>CAPOZZI, EDUARDO ADAMO<br>501 Brickell Key Drvie, Suite 400<br>Miami, Florida 33131 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | DVP<br>SABO, MIRIAM ELIZABETH<br>501 Brickell Key Drive, Suite 400<br>Miami, Florida 33131 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SLOSBERGAS NELSON<br>520 Brickell Key Drive, O-305<br>Miami, Florida 33131 | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | 800001763248<br>-03/29/96--01102--004<br>***200.00 |

☒ Change ☐ Addition

CR2E034 (12/95)

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:** _____ MIRIAM ELIZABETH SABO 3/23/96 (305) 374-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VICE PRESIDENT

3/29/96