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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S87457** (5)

1. Corporation Name
KANMAR, CORP.

Principal Place of Business Mailing Address

10975 S.W. 107TH STREET SUITE 211 MIAMI FL 33176 US

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3. Date Incorporated or Qualified **10/14/1991** 3a. Date of Last Report **08/22/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8422 NW 66 ST	26 8422 N.W. 66 ST	65-0291084	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State MIAMI, FL	28 City & State MIAMI FL 33166	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33166 25 Country	29 Zip 33166 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MELENZ, DIAMORA
7361 S.W. 116TH STREET
MIAMI FL 33156

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUJICA, ALVARO	1.2 NAME	DIAMORA Mendez
STREET ADDRESS	10975 S.W. 107TH STREET, SUITE 211	1.3 STREET ADDRESS	7361 SW 116 ST
CITY - ST - ZIP	MIAMI FL 33176	1.4 CITY - ST - ZIP	MIAMI FL 33166
TITLE	S	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENZ, DIAMORA	2.2 NAME	ALVARO MUJICA
STREET ADDRESS	7361 S.W. 116TH ST.	2.3 STREET ADDRESS	10975 SW 107TH ST, SUITE 211
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	MIAMI, FL 33176
TITLE		3.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Roberto Child
STREET ADDRESS		3.3 STREET ADDRESS	8422 N.W. 66 ST
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI FL 33166
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: *Diadora Mendez* **4/26/95 (305) 717 5433**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR