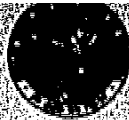


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38431

(5)

1. Corporation Name

K.C. IMPEX CORP.

Principal Place of Business

**1101 BRICKELL AVENUE
SUITE 1700
MIAMI FL 33131**

Mailing Address

**16 West Flagler Street
MIAMI, FL. 33130-1802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0340236

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

2. Principal Place of Business

21 16 WEST FLAGLER ST.,

2a. Mailing Address

26 16 W. Flagler St.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FL. 33130

28 MIAMI, FL. 33130

24 33130

25 USA

29 33130

30 USA

9. Name and Address of Current Registered Agent

**ASWANI, CHANDRU
12841 SOUTHWEST 70TH AVENUE
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

Chandru Aswani

(NOTE: Registered Agent Signature required after registration)

4/26/95

DATE

12. OFFICERS AND DIRECTORS

**TITLE PSD
NAME ASWANI, CHANDRU
STREET ADDRESS 12841 SW 70TH AVENUE
CITY, ST, ZIP MIAMI FL 33156**

**TITLE VTD
NAME ASWANI, KAVITA
STREET ADDRESS 12841 SW 70TH AVENUE
CITY, ST, ZIP MIAMI FL**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**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

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 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(2)(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:

Chandru Aswani
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
CHANDRU ASWANI

4/26/1995

(305) 373-8250