

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
32399-0001

**APPROVED  
AND  
FILED**

DOCUMENT # **V44436** (6)

MAY -1 AM 4:33

KEYNOOX INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address: 8290 LAKE DR #501 MIAMI FL 33166  
 Mailing Address: 8290 LAKE DR #501 MIAMI FL 33166

3. Date of Incorporation: 06/18/1992  
 3a. Date of Last Report: 10/20/1994

2. Principal Office Address: 21 4811 NW 79th Avenue  
 2a. Mailing Address: 26 4811 N.W. 79th Avenue

4. FID Number: 65-0339272  
 Applied For:   
 Not Applied For:

22. State: 01  
 27. State: 01

5. Certificate of Status Desired:   
 \$8.75 Additional Fee Required

23. City & State: Miami, Florida  
 28. City & State: Miami, Florida

6. Election Campaign Financing:   
 \$5.00 May Be Added to Fees

24. ZIP: 33166  
 25. County: Dade  
 29. ZIP: 33166  
 30. County: Dade

8. This corporation has not, for any prior tax year, been a Florida subsidiary:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE ALMEIDA, JAIR  
 8290 LAKE DR #501  
 MIAMI FL 33166

81. Name:  
 82. Street Address (P.O. Box Number is Not Acceptable): 4811 N.W. 79th Avenue  
 83. Suite 01  
 84. City: Miami FL 85. ZIP: 33166

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of designating registered officer or registered agent or both in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations Section 607.01(2), Florida Statutes.

SIGNATURE: *Jair de Almeida*  
 I, the undersigned, am the registered agent of the corporation.  
 I, the undersigned, am the registered officer of the corporation.

12. OFFICERS AND DIRECTORS

13. ADDRESS OF CHANGED OFFICERS AND DIRECTORS

OFFICER/DIRECTOR	NAME	STREET ADDRESS	CITY, STATE, ZIP
P	DE ALMEIDA, JAIR	8290 LAKE DR #501	MIAMI FL 33166

OFFICER/DIRECTOR	NAME	STREET ADDRESS	CITY, STATE, ZIP
		4811 N.W. 79th Avenue, Suite 01	Miami, Florida 33166

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and that I am qualified to file this report as required by Chapter 607, Florida Statutes. I further certify that the information is based on the financial report or supplemental annual report, if any, and any other report that my signature shall cover. I am an officer or director of the corporation. This report or financial statement is required to be filed as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of the preceding filing with an address.

SIGNATURE: *Jair de Almeida*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95