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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 JUN 22 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44527** **(2)**

1. Corporation Name
**KUBWA CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2720 CORAL WAY<br>4TH FLOOR<br>MIAMI FL 33145<br>US | 2333 PONCE DE LEON BLVD<br>SUITE 650<br>CORAL GABLES FL 33134<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) (29)
Country (25) (30)

4. FEI Number: **65-0338902** ☐ 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

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

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

GUTTMAN, RICHARD
2333 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES FL 33134

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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☐ Change ☐ Addition |
| NAME | ~~DEL ROSA, JORGE LUIS SR.~~ | 12 NAME | DEL ROSAL, JORGE LUIS, SR. |
| STREET ADDRESS | ~~DEL ROSAL JORGE LUIS SR.~~ | 13 STREET ADDRESS | 2333 Ponce de Leon Blvd., Suite 650 |
| CITY ST ZIP | CORAL GABLES FL | 14 CITY ST ZIP | Coral Gables, FL 33134 |
| TITLE | VPTD | 21 TITLE | VPTD ☐ Change ☐ Addition |
| NAME | ~~DEL ROSA, JORGE LUIS JR.~~ | 22 NAME | DEL ROSAL, JORGE LUIS, JR. |
| STREET ADDRESS | ~~DEL ROSAL JORGE LUIS JR~~ | 23 STREET ADDRESS | 2333 Ponce de Leon Blvd., Suite 650 |
| CITY ST ZIP | CORAL GABLES FL | 24 CITY ST ZIP | Coral Gables, FL 33134 |
| TITLE | VPAS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | WILSON, FREDERICK | 32 NAME | 900001522309 |
| STREET ADDRESS | 2333 PONCE DE LEON BLVD #650 | 33 STREET ADDRESS | -06/23/95--01084--006 |
| CITY ST ZIP | CORAL GABLES FL | 34 CITY ST ZIP | ****233.75 ****233.75 |
| TITLE | S | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MEZULANIK, KATINA | 42 NAME | |
| STREET ADDRESS | 2333 PONCE DE LEON BLVD #650 | 43 STREET ADDRESS | |
| CITY ST ZIP | CORAL GABLES FL | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | T.S. 6/22/95 |

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)(i), 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 attached report with an address.

**SIGNATURE:** Frederick Wilson III 6/20/95 (305) 573-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0140392 CP