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

FILED
95 JAN 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V68605 (7)

1. Corporation Name
KEY PROMOTION & MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
3400 CORAL WAY SUITE 600 MIAMI FL 33145 US	3400 CORAL WAY SUITE 600 MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1992
3a. Date of Last Report: 07/01/1994
4. FEI Number: 65-0362822 ☐ 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	2a. Mailing Address
21 300 ARAGON AVENUE	26 300 ARAGON AVENUE
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33134 Country 25 US	Zip 29 33134 Country 30 US

9. Name and Address of Current Registered Agent

AMADOR, MARIA E.
3174 SW 25TH ST.
MIAMI FL 33133

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 607.1509, 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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	AMADOR, MARIA E	1.2 NAME	
STREET ADDRESS	3174 SW 25TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Zip Code 33133
TITLE	SDM	2.1 TITLE	☒ Change ☐ Addition
NAME	GUIM, RENE W	2.2 NAME	PLEASE DELETE,
STREET ADDRESS	9122 SW 6TH STREET	2.3 STREET ADDRESS	NO LONGER ENPOYED HERE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	V/S/T/D ☒ Change ☐ Addition
NAME	GARI, MARILYN	3.2 NAME	
STREET ADDRESS	8811 SW 123 CT, APT. 212	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Zip Code 33186
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	RODETSKY, EDITH A.	4.2 NAME	
STREET ADDRESS	115 SALAMANCA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Zip Code 33134
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 attachment with an address.

SIGNATURE Maria E. Amador 01/16/95 (305) 446-8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0158766 CP