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FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mosham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012470 (6)

1. Corporation Name

KERMAN CORPORATION

Principal Place of Business

417 W SUGARLAND HWY
CLEWISTON FL 33440

Mailing Address

417 W SUGARLAND HWY
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

65-0649097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, ANTONIO R
417 W SUGARLAND HWY
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3

4 City

FL

5 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

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	PEREZ, ANTONIO R	
STREET ADDRESS	417 W SUGARLAND HWY	
CITY-ST-ZIP	CLEWISTON FL	

TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	LONDONO, JAIME	
STREET ADDRESS	4811 SW 164TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	STREET ADDRESS
1.4	ST-ZIP

2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	STREET ADDRESS
2.4	ST-ZIP

3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	STREET ADDRESS
3.4	ST-ZIP

4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	STREET ADDRESS
4.4	ST-ZIP

5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME
5.3	STREET ADDRESS
5.4	ST-ZIP

6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME
6.3	STREET ADDRESS
6.4	ST-ZIP

14. I hereby certify that the information supplied with this filing 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 my address.

SIGNATURE:   

CR2E034 (10/97)